











"Quantam ego quidem video motus morborum fere omnes a motibus in systemate nervorum ita pendent ut morbi fere omnes quodammodo Nervosi dici queant."—CULLEN'S NOSOLOGY: BOOK II, P. 181—EDINBURG ED., 1780.

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INDEX.

ORIGINAL CONTRIBUTIONS.

A Case of Reflex Epilepsy.....	301	Mixoscopic Adolescent Survivals in Art, Literature and Pseudo- Ethics	291
Adolescent Insanity (Dementia Prae- cox	249	<u>Mixoscopic Adolescent Survivals in Art, Literature and Pseudo- Ethics</u>	461
<u>A Morphiomaniac on Trial for Mur- der—A Medico-Legal Study of the Matthews Case.....</u>	328	Psychoencephalonasthenia or Cere- brasthenia Simplex, and Psy- choencephalonasthenia or Cere- brasthenia Insaniens.....	156
Coitus Interruptus and Coitus Re- servatus as Causes of Profound Neuroses and Psychoses	397	<u>Psychoencephalonasthenia or Cere- brasthenia Simplex, and Psy- choencephalonasthenia or Cere- brasthenia Insaniens</u>	282
<u>Erotic Symbolism</u>	47	<u>Psychiatry and Neuriatry in the Medical Press.....</u>	452
<u>Erotic Symbolism</u>	142	<u>Railway Brain Strain of and Brain Strain Regulation of Railway Employees</u>	189
<u>Erotic Symbolism</u>	305	Relations Between Physical Diseases and Mental Disorders	19
<u>Erotic Symbolism</u>	414	Rodonalgia Phalanx or Phalanges or Finger Erethromelalgia with a Theory of Causation.....	60
<u>Further Views of the Virile Reflex...</u>	14	<u>Sadism—Report of a Medico-Legal Case</u>	341
<u>Genius and Degeneration.....</u>	1	<u>Society and its Degenerates.....</u>	63
<u>Illinois Legal Procedure in Mar- riage Annulment for Prior In- sanity</u>	428	<u>Some Psychological Studies in Man's Moral Evolution</u>	474
<u>Is Specialism a Psychic Advance or a Retrogression?.....</u>	438		
Legal Aspects of Epilepsy	170		
<u>Mixoscopic Adolescent Survivals in Art, Literature and Pseudo- Ethics</u>	40		
<u>Mixoscopic Adolescent Survivals in Art, Literature and Pseudo- Ethics</u>	123		

The Non-Reason Founded Phobias
of Neurasthenia 407

The Training of Mentally Defective
Children..... 274

EDITORIALS.

A Foolish Clergyman—A Miscon-
ception of St. Louis Corrected.... 71

A Notable Honor Merited by a
Notable Man..... 72

A Sadistic Erotopath—The Neglect
of Duty by Public Officials 75

A Nightmare Suicide—Railway In-
humanity—Pullman Palace Car
Crime against Nature..... 201

An American Institute for Psycho-
logical Research is Projected
for America—Oklahoma Insane
Asylum Burned—The Moro Im-
molation Psychologically Con-
sidered 362

An Unjust Judgment Against a
Physician—A Possibly Justifi-
able Error in Diagnosis Pun-
ished by Law 206

All Minds Look alike to the St.
Louis Police—The Bicycle and
Auto-Motor Brain..... 481

A Sound Patriotic Psychology..... 480

Automobile Delusion—Lay Evidence
as to Insanity..... 208

British Medical Association—Medal
of Honor for Lr. Mangan—
Trephining in Epilepsy..... 486

Chicago Beef Packing Rottenness ... 354

Congressman Brownlow's Bill—
Characteristic of the Doctor's
Charity, and Likewise of the
Other Fellow—Terrible Railroad
Fatality 359

Collier's Weekly..... 365

Death in the Palace Car..... 484

Diseases in the Street Car Strap—
Capturing a Murderous Maniac
Woman..... 211

Dr. George T. Tuttle—Cajal and the
Development of the Nervous
System 353

Euthanasia 210

Fools Not All Dead Yet 487

Instances of Psychic Cause Blind-
ness 363

Le Progres Medical—Proprietaries
and the Proprieties 207

Longevity Among Harvardians—
Sensible View of a Newspaper
on Psychotherapy..... 488

Marriages by the Insane—Two Cases
for Euthanasia 209

Military Interference with National
Army Sanitation..... 483

"On to" the Germ Theory..... 217

Personal Commendation of a Worthy
Medical Insane Hospital Super-
intendent 204

Pertinent Protest Against Overstudy
—If Lower Ceilings and Patent
Fixtures..... 360

President Roosevelt on the Physician 67

Prognosis in Epilepsy..... 351

Proprietary Medicine Men Against
Alcohol and Narcotics in Prepa-
rations — The Medical News,
New York 77

Proprietary Prescribing..... 485

Psychopathy in the Sanctuary—Phi-
lanthropy and Applied Science ... 205

Railway Validating Tyranny 482

Remarkable Public Press Statement
—Hospital Provision for the In-
sane and Delirious—Missouri's
New Prison Hospital—A Negro
Saved from Mob Becomes In-
sane 361

Sadism in an Alpine Church Sexton	490	leges Contrasted Favorably to American Institutions	73
Sanitary Honesty—The Discovery of Ether Anaesthesia Once More—The Other's Fellow's Point of View	355	The Hazing Neuropath and College Circumspection—The McNaughton Case	215
<u>Seismic and Other Lunatics and Fanatics in Russia—The Persisting Peril of the Once Homicidal Insane</u>	489	<u>The Iowa Euthanasia Proposition</u>	357
Street Noises	200	<u>The Japanese Admiral Togo—Just a Sample</u>	213
St. Louis Doctors and their Work	219	<u>The Mental Twist in Union Labor Leaders' Heads</u>	212
<u>The American Journal of Clinical Medicine</u>	69	<u>The Metroneurotherapy or Metrotherapy of Neurasthenia</u>	358
<u>The Citizens of Memphis—A Fool with a Foolish Dinner—In View of Recent Life Insurance Revelations</u>	70	<u>The Morbid Imagination</u>	479
<u>The Crime of Fatal Euthanasia</u>	216	<u>The National Druggist</u>	364
The Errors of Lombroso on Moral Insanity and Crime.—Also a Word on Tattooing and Wrinkles	202	<u>The New Hospital for the Insane—A Typical Apparently Nocturnal Epileptic Automatic Homicide</u>	491
The Fifteenth International Medical Congress—The Merit of American and European Medical Col-		The Proprieties and the Proprietaries	356
		The Surplus Funds in the Treasury—Congres International Pour L' Assistance Des Alienes	218
		The War on Tuberculosis	74
		The World's Work	78

IN MEMORIAM.

<u>Dr. Emmet Cooper Dent</u>	79	<u>trico Dell Universita Du Roma</u>	80
<u>The Annali Dell Instituto Pasichia-</u>		<u>Solomon Claiborne Martin, M. D.</u>	220

SELECTIONS.

CLINICAL NEUROLOGY—

<u>Albumin and Sugar in the Urine</u>	497	<u>Cerebral Paralysis from Embolism, Thrombosis Hemorrhage—Curt Adam, of Berlin</u>	494
<u>A Very Curious Form—Torticollis Hystericus—Eyes and Ears that Might be Saved; An Appeal to the General Practitioner</u>	96	Essential and Paroxysmal Tachycardia	92
Barometric Neuroses	366	Habit Spasm in Children	222
Blood of Epileptics	224	Locomotor Ataxia and Syphilis—Cerebellar Tumor	221
Bright's Disease in High Official Circles at the Nation's Capital—The Neurotic Character of Enuresis	98	Neuritis Acustica from Influenza	97
		Neurasthenia Among the Working Classes—Acromegaly	95

Sudden Starting from Sleep—Cardio-pathic Insomnia—Treatment of Increased Blood Pressure in Arteriosclerosis—The Pancreas and Diabetes 368

The Psychology of the Tuberculous 493

The Reflex of the Tendo Achillis..... 93

Two Unusual Epileptic Histories 367

Tic Douloureux 495

We Learn 94

CLINICAL PSYCHIATRY—

Classification of Insanity..... 499

Luther's Headache and Delusion of the Devil..... 84

Paretic Dementia and Syphilis—Methods of Caring for Insane.... 227

Progress of Municipal Nursing of the Poor 498

Temple Sleep 85

Tombstone and Candle Powders 86

Vagina Foreign Bodies in the Insane 226

NEUROPHYSIOLOGY—

A Review of the End Results in Cases of Exophthalmic Goiter Treated Surgically—Localization of the Motor Functions in the Spinal Cord 377

Biological Theory of Sleep—Regeneration of Nerves 83

Do Central Tracts of the Nervous System Regenerate?..... 376

Neurone Contact, etc 84

Respiratory Movement of the Bronchial Tubes 232

The Seminal Secretion as a Source of Albuminuria 500

NEUROANATOMY—

A Brighter Outlook for the Doctor—Less Tippling than Formerly... 283

The Solar Plexus and Atonic Dyspepsia 382

NEUROPATHOLOGY—

More Autopsies in Epilepsy..... 225

Neuritis of the Abducens, Accessory and Hypoglossus Consecutive to Influenza 382

"Under the Weather" 86

NEUROTHERAPY—

Acetanilid Poisoning from the Use of Proprietary Headache Powders—Acetanilid Poisoning from Bromo-Seltzer—A Fatal Case of Veronal Poisoning 502

Blue Light Anaesthesia—Climate for the Aged..... 90

Death Following Scopolamine-Morphine Anaesthesia—Recreation in its Effects upon the Nervous System 87

Dietary Control of Basedow's Disease 505

Horse Nettle for Epilepsy..... 372

Lumbar Puncture and Circumscribed Meningitis—In his Address..... 503

Old Age and Disease, Metchnikoff.. 89

Spinal Anaesthesia by Magnesium Sulphate 370

Treatment of Tetany—The Value of Nitroglycerin 228

The Therapeutic Value of Static Electricity—Sensible Ophthalmologic Advice—Good for Neurologists as well—Osmic Acid, Alcohol and Formalin Treatment of Trigeminal Neuralgia... 231

The Amount of Acetanilid in Bromo-Seltzer 232

The Therapeutic Value of Mastication..... 371

Treatment of Graves' Disease—Unpleasant Effects of Veronal..... 375

NEURO-SURGERY—

Surgical Operations Upon the Insane 226

NEURO-SYMPATOMATOLOGY—

A New Eye Symptom in Exophthalmic Goiter 500

NEURODIAGNOSIS—

Tooth and Nail Corrugations..... 225

Nasopharyngeal Secretions..... 369

PATHOLOGY—

The First Autopsy in Montreal..... 91

PSYCHIATRY—

Dr. J. T. Searcy..... 379

Study of Psychiatry—The Vicious Insane 380

PSYCHOLOGY—

Inaccuracy in Observation..... 501

PREVENTIVE PSYCHIATRY—

Incipient Insanity..... 101

THERAPY—

Intermenstrual Pain—Eumydrin in Alimentary Tract Neuroses..... 224

REVIEWS, BOOK NOTICES, ETC.

A Compend of Operative Gynecology—The World's Anatomists; Concise Biographies of Anatomic Masters—The Transactions of the Sixth Annual Meeting American Roentgen Ray Society..... 388

A Primer of Psychology and Mental Disease — Physiology of the Nervous System 234

A Text Book of Sociology—Diseases of the Nervous System Resulting from Accident and Injury.... 235

Charities and the Commons 113

Checkers—The Proceedings of the American Medico-Psychological Association..... 112

Christianity and Sex Problems 110

Criminal Responsibility..... 105

Handbook for Attendants on the Insane 109

Official Manual of the State of Missouri—A Medical Pilgrimage to the Republic of Panama..... 386

Perjury for Pay..... 237

Poker Jim, Gentleman..... 390

Practical Massage in Twenty Lessons—Taylor's Physicians Account Books 111

Psychiatry—a Text Book for Physicians 107

Rhythmotherapy 509

Studies in the Psychology of Sex—A Treatise on the Motor Apparatus of the Eyes 507

The Nervous System of Vertebrates 508

The Era Key to the U. S. P—W.B. Saunders & Company—Around the World via India 104

The Management of the Nerve Patient 106

The Natural Laws of Sexual Life..... 385

The Section of Neurology, Psychiatry and Criminal Anthropology.. 387

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GENIUS AND DEGENERATION.

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New York City.

THE normal mind of a human being possesses certain attributes which permit the exercise of co-ordinate thought. These attributes or faculties are:

1st. Consciousness, which precedes all thought phenomena and renders the individual appreciable of himself and his relation to the external world.

2nd. Attention, which makes the individual cognizant of surrounding objects.

3rd. Observation, which enables the individual to note and discriminate the specific character of different objects.

4th. Conception, which gives the individual the power of recognizing the logical significance of objects.

5th. Memory, which enables the individual to retain

the impressions derived from stimulation of the foregoing faculties by external objects.

And 6th. Judgment, which gives the individual the power of correct deduction and adaptation of the impressions resulting from normal observation and conception.

Incidentally, it should be understood that all these faculties are materialistic in their impressions, and study of psychic phenomena shows that they can never be anything else. The actual existence of things alone can stimulate them, and as a result the normal mind is always material in its estimation or expression.

Complete failure, or perversion of one or more of the essential faculties of the normal mind, presents an abnormal condition and places the individual so afflicted beyond the pale of sanity. Such aberration may not be sufficiently pronounced or prolonged to constitute the extreme unquestionable condition of insanity. Indeed there are individuals, not ordinarily considered insane, who nevertheless present deviations of mentality which are only thought to be the result of eccentricity, moral perversion, or errors of judgment. The alienist and student of psychology, however, recognizes such individuals as quite within the borderland of insanity, and it is with one of these phases of what for lack of a better term I have called indefinite alienation that this paper has to deal.

I refer to the anomalous faculty of genius. In order to make myself clear and prevent any misunderstanding of what I may say later on, permit me to define what I mean by a true genius. I refer to those individuals who possess unusual development of some special mental faculty which assumes an original and startling method of expression, and which usually exists at the expense of normal cogency of thought and action.

Such expression may manifest itself in connection with some extraordinary gift for mathematics, music, painting, sculpture or poetry, or it may assume extreme development of the memory or will. In whatever form it is expressed, the unique character or originality of the product depicts the genius. It should be remembered, however,

that originality means the first copy, and the thoughts or products of a genius have no prototype.

They may be copied, but they are no copy. In other words they are outside the rational circle of cause and effect.

Genius and talent are often confounded and used as synonymous terms, but they bear no relation to each other. Genius is the capacity for spontaneous imagination, or imagination *de novo*, and is therefore unreal. Talent is simply skillful technique applied to material or pre-existing things, and is essentially real. It is proper to speak of the genius of Poe, Whitman, Wagner, Rembrandt, or Beardsley, or the talent of Shakespeare, Tennyson, Goethe, Holmes, Gounod, Beethoven and Bonheur. Careful study of the products of these two classes will demonstrate the grounds on which I make a distinction between talent and typical genius. On the one hand we have originality in the literal sense of the word, the evolution of products which have no prototype, the direct result of a spontaneous ideality. On the other hand we have reproduction of actualities, the demonstration of highly developed perception and observation. The factor of ideality so far as it is original is absent and in its place we find simply skillful expression.

In the sense in which I consider genius it is an evidence of an unhealthy mental state. At any rate, the more we investigate the subject, the more in sympathy we become with Seneca's well known statement that "there is no great genius free from some tincture of madness". The process of normal mentality is such that thoughts are invariably material in their expression. The very nature of thought itself, owing its inception to the impulses of material sensations, dictates that normal imagination should always take the guise of remembered things. Spontaneous or original ideation, cannot take place in the normal mind, for all the psychic factors leading up to this function of the mind are so intimately connected with the memory of material stimuli, that the imagination cannot separate itself from the causes of past sensations. In other words, the simultaneity of thought with past and present stimuli is such, that its normal expression must always be in terms that

memory alone can supply.

Of still greater significance in the study of individual geniuses and their products is the fact that anomalous expression is not the only manifestation of degeneration or alienation in these unfortunate individuals. Indeed, many anomalous products might be attributed to poetic or artistic license but for the additional evidences of mental alienation shown in the characteristics and lives of those in whom the world recognizes typical genius.

The principal symptoms manifested by real genius, in addition to general illogical expressions, are egoism, eroticism, incoherence, megalomania, and the senseless repetition of words or sounds in the writings; inversions, distortions and contradictions in the created products; sensualism, hallucinations, delusions, and perversions in the mental character; and the physical defects of the individual himself. Not all these symptoms are present at the same time in those afflicted with genius, nor are they equally prominent in all cases, but there is nearly always sufficient variation from normal standards in every true genius to warrant the diagnosis of mental degeneration or perversion in almost every instance.

In order to look at this subject in its more concrete aspects, let us consider some of those individuals to whom the term genius can properly be applied. Edgar Allen Poe can properly be classed as a genius. His poem "*The Raven*" especially, illustrates the faculty of original ideation to a marked degree. In this particular poem the thought expressed is originally imaginative and as a consequence distinctly unreal. It represents something that does not nor could not exist and herein lies the genius, for the thought describes nothing but a pure creation of Poe's mind with no material basis for its logical conception. The same is true of the thoughts in the "*Bells*" and many other of his poems. The meaningless repetition of words and sounds in Poe's poems is especially noticeable, and a tendency to play on words, many times at the sacrifice of coherent thought, is a common defect of his work. Thus is shown a significant symptom often observed in certain well defined phases

of mental alienation.

If any doubt exists as to Poe's mental degeneration, one has only to consider the man himself; kind and sympathetic when himself, but very often the victim of dipsomania at which time his whole mentality became stultified by his appetite. Devoid of moral principle, and will power, Poe was a creature of impulses, occasionally good, but too often bad, a sad mixture of contrasts. Judged by his genius, the character of much of his work, the frequent incoherence of his thoughts and his all too evident moral weakness and turpitude, Poe's mental degeneracy cannot be questioned. That his writings are interesting no one can deny, but their chief interest, aside from the individual technique of the writer, comes solely from their strangeness, their *outré* character and the weird, illogical conception of the impossible.

Let me briefly call attention to the following stanzas from *The Raven*.

But the raven still beguiling all my sad soul into smiling,
Straight I wheeled a cushioned seat in front of bird and
bust and door;

Then, upon the velvet sinking, I betook myself to linking
Fancy unto fancy, thinking what this ominous bird of yore,
What this grim, ungainly, ghastly, gaunt and ominous bird
of yore
Meant in croaking "Nevermore."

Thus I sat engaged in guessing, but no syllable expressing
To the fowl, whose fiery eyes now burned into my bosom's
core;

This and more I sat divining, with my head at ease reclining
On the cushion's velvet lining that the lamplight gloated o'er,
But whose velvet, violet lining the lamplight gloating o'er,
She shall press, ah, nevermore.

Then, methought, the air grew denser, perfumed from an unseen
censor

Swung by Seraphim whose footfalls tinkled on the tufted floor.

"Wretch!" I cried, "thy God hath lent thee
By these angels he hath sent thee

Respite--respite and nepenthe from thy memories of Lenore:

Quaff, O, quaff this gentle nepenthe, and forget this lost Lenore,"
Quote the raven "Nevermore."

And the raven never flitting still is sitting, still is sitting
 On the pallid bust of Pallas just above my chamber door;
 And his eyes have all the seeming of a demon's that is dreaming;
 And the lamplight o'er him streaming throws his shadow
 on the floor;
 And my soul from out that shadow that lies floating on the floor,
 Shall be lifted, nevermore;

The thoughts expressed are not mere metaphor or intentional personifications: they are rather the skillfully expressed aberrations of a perverted mentality almost if not quite hallucinatory in conception. The combination of concrete, material thought with the symbolic ideas of the writer demonstrates his mental weakness. Note especially the material wheeling of a cushioned seat in front of a mythical raven, and still further the placing of a symbolic shadow on the floor. I realize that the *Raven* is considered an expression of a beautiful symbolism, but I maintain that the aberration of Poe is amply shown by his *material* description and placing of *imaginary* creations.

In the following lines from "*The Bells*" note the ver-bigeration, and the rhyming of assonances through the use of words which have no logical connection. Unnecessary and senseless repetition is also marked. ,

Hear the tolling of the bells—iron bells;
 What a world of solemn thought their monody compels:
 In the silence of the night,
 How we shiver with affright,
 At the melancholy menace of their tone;
 For every sound that floats
 From the rust within their throats is a groan:
 And the people—ah, the people—
 They that dwell up in the steeple, all alone,
 And who tolling, tolling, tolling
 In that muffled monotone,
 Feel a glory in so rolling
 On the human heart a stone—
 They are neither man nor woman—
 They are neither brute nor human—they are Ghouls:
 And their king it is who tolls:
 And he rolls, rolls, rolls, rolls,
 A peacen from the bells:
 And he dances and he yells;
 Keeping time, time, time,

In a sort of Runic rhyme,
To the throbbing of the bells:
Of the bells, bells, bells;
To the sobbing of the bells;
Keeping time, time, time,
As he knells, knells, knells,
In a happy Runic rhyme,
To the rolling of the bells—
Of the bells, bells, bells,
To the tolling of the bells,
Of the bells, bells, bells, bells,
Bells, bells, bells—
To the moaning and the groaning of the bells.

Another writer, Walt Whitman, comes under my classification of genius.

The life, writings, and everything we know about him whom O'Connor with maudlin sentimentality has called "the good, gray poet", shows that he was the victim of megolomania, erotomania, hallucinations, delusions and all the other evidences of an unsound mind.

He was a vacillator in everything he undertook and was successively typographer, teacher, soldier, carpenter and joiner, and finally a clerk in a government office in Washington. His restlessness, changeability of occupation, and constant desire to be moving on well showed his mental instability.

In his writings we find the strongest testimony regarding his mental degeneration and alienation. His methods of expression are unique and well illustrate the condition of "prose gone mad". They have no coherence, they are bombastic to a degree, full of contradiction and absolutely devoid of logic or intelligent conception. Hardly a line of his writings but what shows eroticism, delusions of grandeur, and the disconnected verborrhea of the typically insane. As Nordau still further says, some of his ebullitions are erotic products so shameless and perverted that they have no counterpart in literature. Under the veil of mysticism, he has written on many varied topics, but the mysticism is only the result of mental obscuration and indefiniteness. The following selection is typical of Whitman's genius.

"Who has gone farthest? For I swear I wil go farther;
 And who has been just? For I would be the most just person of
 earth;
 And who most cautious? For I would be more cautious.
 And who has been happiest? O, I think it is I:
 I think no one was ever happier than I;
 And who has lavished all? For I lavish constantly the best I
 have;
 And who has been firmest? For I would be firmer;
 And who proudest? For I think I have reasons to be the proud-
 est son alive—for I am the son of the brawny and tall-top
 city;
 And who has been bold and true? For I would be the boldest
 and truest being of the universe;
 And who benevolent? For I would show more benevolence than
 all the rest;
 And who has projected beautiful words through the longest time?
 By God! I will outvie him! I will say such words, they
 shall stretch through longer time;
 And who has received the love of the most friends? For I know
 what it is to receive the passionate love of many friends;
 And who has been given the sweetest from women, and paid
 them in kind? For I will take the little sweets and pay them
 in kind;
 And who possesses a perfect and enamoured body? For I do not
 believe anyone possesses a more perfect or enamoured than
 mine;
 And who thinks the amplest thoughts? For I will surround those
 thoughts;
 And who has made hymns fit for the earth? For I am mad with
 devouring ecstasy to make joyous hymns for the whole
 earth!"*

These senseless jumbles of words would hardly be
 worthy of consideration but for the fact that so large a num-
 ber of admirers profess to see in Whitman's work not only
 the work of a genius, but the dawn of a new philosophy.
 Many definite examples of Whitman's aberrant and per-
 verted ideas might be given, but their unhealthy character is so
 given and so indicative of mental degeneration, that it hardly
 seems possible that people of normal mental acuity can
 consider them seriously.

In regard to musical geniuses, Richard Wagner is the
 extreme type. His life and writings show at once that

*From *Leaves of Grass*.

his mind was aberrant. What we know of his character indicates that he was subject to delusions of grandeur, persecutions and belief; that he was unstable in his thoughts and deeds; and a creature of contrasts and contradictions. In his writings we note incoherence, random and inverted verbiage, useless repetition of words and sentences, mysticism and specific evidence of sexual perversion. The evidences of mental inversion are especially marked when we stop to analyze the majority of his statements and ideas.

In Wagner's musical creations, especially those of later life, we find the same incoherence, the same inattention and random expressions. His conception of harmony and melody must have been decidedly vague, and it is generally conceded by students of musical science that his capacity for melodious composition was slight. His inattention has resulted in indiscriminate combinations of musical sounds that cannot fail to offend the normal ear, inasmuch as they express no definite emphasis nor conclusion.

Wagner has styled these unfinished products, "unending melody." This illogical conceit perhaps more than anything else shows Wagner's mental alienation. It is in keeping with his other vagaries. Many other reasons for believing him mentally unsound might be brought forward, but it is sufficient to say that study of his life, character and all his productions, literary and musical, in the light of psychopathic knowledge leaves no alternative belief than that Wagner assuredly belonged to the class to which Lombroso has so aptly applied the term "mad genius."

In regard to the genius of Rembrandt and of Beardsley, little need be said except to call attention to their productions. The strange *outré* arrangement of the shadows in Rembrandt's pictures are characteristic of them all. They nearly all show an aberration of attention and depict a unique illustration of mental inversion. Beardsley's grotesque creations in black and white were for a time admired by faddists, but they have been relegated to oblivion by a general recognition of their ridiculous, absurd character. They never gave evidence of anything else than a pervert-

ed conception of form, and an inability to grasp the details of perspective and linear reproduction.

All these examples of genius give us definite symptoms of mentality gone astray. The type of aberration has not assumed the complete character of insanity, but is simply demonstrated by disordered conceptions, illogical opinions and varying degrees of oddity. That these conceptions, opinions and oddities are expressed in new and startling terms follows naturally, inasmuch as they have usually no rational connection with actualities.

Let me attempt to prove my contention a little further by showing the more logical character of products which show talent instead of genius.

Poetry or prose the result of normal mentality always shows a clearness of ideas, and a consistency in their arrangement.

Certain degrees of metaphor, simile and figurative expression are proper, but they must always stand in definite, comprehensive relation to facts and cogent thought. Every word used must fill a definite place in normal thought expression, and repetition of words or ideas, must always serve to emphasize, explain or give force to a main thought, or the repeated portion becomes weak and vapid.

It is not necessary to quote from Shakespeare, to show his lucidity of thought or his wonderful capacity for observation and correct deduction.

His works are too familiar and the logic of his ideas is too apparent to require any argument in their favor. But to further illustrate my conception of real, normal poetry let me quote the following short poem by Tennyson.

Crossing The Bar.

Sunset and the evening star,
And one clear call for me!
And may there be no moaning of the bar,
When I put out to sea.

But such a tide as moving seems asleep,
Too full for sound and foam,
When that which drew from out the boundless deep
Turns again home.

Twilight and evening bell,
And after that the dark!
And may there be no sadness of farewell,
When I embark.

For tho' from out our bourn of Time and Place
The flood may bear me far,
I hope to see my Pilot face to face,
When I have crossed the bar.

Note the metaphors and figurative expression, but observe that they are all material and substantial in their conception.

The following lines from Holmes' matchless poem "The Chambered Nautilus" still further illustrate my idea of healthy poetry.

"Thanks for the heavenly message brought by thee,
Child of the wandering sea,
Cast from her lap forlorn:
From thy dead lips a clearer note is born
Than ever Triton blew from wreathed horn:
While on mine ear it rings,
Through the deep caves of thought I hear a voice that sings.
Build thee more stately mansions, O my soul,
As the swift seasons roll!
Leave thy low-vaulted past!
Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast,
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea!"

In considering the art of painting, it is apparent that nearly all the mental faculties are employed in the evolution of normal products. To be logical a picture must have visible or remembered forms and conditions for its basis. It must be a more or less literal reproduction of something that is or was. In other words it must be the specific concrete result of something seen in its normal relation to natural laws. The pictures of Bonheur, Reynolds, Alma Tadema, Sargent and many others amply demonstrate the healthy character of a real intelligent talent for painting.

In regard to music the same thought holds true. It too, must have a material basis and represent the evolution of thoughts stimulated by material things. Primarily music is

recitative, but under the influence of emotional cadences, it becomes euphonious and when the cadences have a rhythmical sequence they assume the character of true harmony. A comparison of the music of Gounod, Schuman, Chopin, Beethoven and other normal musicians with the music of Wagner, Liszt and others of this class, demonstrates far better than any words of mine, the infinite difference between the normal and the abnormal in musical expression.

A careful consideration of the foregoing, therefore, justifies the belief that a genius is a degenerate, inasmuch as he is abnormal in certain phases of intellection at least, and what he says or does, so often partakes of the same abnormality. Closer study will demonstrate in almost every instance a pathological basis for the expression of genius as I have considered it. The degree of the organic disease of the brain which precedes and causes the development of genius is indeterminate, but its presence can scarce be doubted in the face of other composite signs of mental alienation. Alienists and neurologists recognize the stigma of genius, and understand the influences of heredity, environment and accidental conditions like diseases and injury on the production of those psychopathic vagaries which the true genius invariably shows.

In conclusion, let me voice an earnest plea for the cultivation of more healthy tastes in our literature, art and music. The wonderful progress that has been made in all branches of science, should have a developing influence on all mentality, and to quote Nordau, "the course of development is from instinct to knowledge, from emotion to judgment, from rambling to regulated association of ideas. Attention replaces fugitive ideation: will, guided by reason, replaces caprice. Observation then, triumphs ever more over imagination and artistic symbolism."

Let us train our young, then, to prize personal observation far above the ramblings of imagination, the study of objects and actualities far above the distorted figments of dreams and hysteria. For the betterment of us all let us give to the talented every assistance and every approbation, but to the genius nothing but pity and commiseration. His

work is false, illogically conceived and ever harmful in its influence.

In Shakespeare's words

"Dangerous conceits are in their nature, poisons,
Which at the first, are scarce found to distaste;
But with a little act upon the blood,
Burn like mines of sulphur."

As a physician constantly being brought in contact with psychopathic tendencies all too frequent in their occurrence, I wish to emphasize as I leave the subject this all important fact, that minds to keep healthy must feed themselves on healthy literature, art or music. Such healthy products must have no hysteria, perversion nor symbolic sensualism in their fabric, but they must instead measure up to normal standards of logic, morality and realism. They must mean for each individual progression and not retrogression. Otherwise they will certainly continue the vicious influences which produced them, and whether these influences lead to the scintillations of genius, or the gibberings of insanity, the significance will be the same---mental degeneration.

FURTHER VIEWS OF THE VIRILE REFLEX.*

By PROF. CHAS. H. HUGHES, M. D.

ST. LOUIS.

IF you suddenly stretch the foreskin or grasp and pull the glans penis towards the umbilicus of a virile individual, you will discover a sensible downward jerk of the organ and if you place one or two fingers of the other hand on the dorsum of the member you will detect by the sense of touch the downward retraction as plainly as you may see the plantar and toe reflexes after suddenly stroking your finger tips across the sole of the foot or metatarsal region. Both these reflexes are normally downward.

Or, if holding the organ slightly tense by grasping the glans penis around the corona and gently pulling toward the umbilicus, you slap the inside of the thigh or sharply stroke upward with the finger tip the inguinal region over Poupart's ligament and the transversalis abdominus muscle or if you forcibly pinch up the perineal integument or the perineal scrotum, you will *elicit* the same downward retraction of the virile organ; *appreciable* to sight, but more so to the sense of touch; or if you suddenly tap the glans with some degree of force, the organ being rendered slightly tense, this downward jerk may be felt, even down to the perineal portion of the organ. The compressor urethrae contracts and the bulbous urethra enlarges, the dorsal and muscular branches of the pudic nerve seem to receive and transmit the dorsal impression and return the *peripheral* impression transmitted into action, in a true reflex manner, in which the compressor urethrae and the bulbo cavernous portion of the penis participates when the

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organ is erectile. And it may be easily elicited when the organ is not in an erectile condition. Erection is secondary, resulting from penile excitation and not necessary to the display of this sign of virility.

This is a true penile reflex, a true penis jerk, a true sign of virile intactness. The jerk is plainly backward and downward as the knee jerk is upward with a healthy spinal cord.

It is not an erection but a retraction, like that of the gullet reflex, a downward and backward jerk. There need be no erection accompanying this phenomenon and usually is none, though erection may come on during its excitation. It is more active in the erectile state of the organ and may be less active after a normal erection has been physiologically exhausted. It is in no sense a penis erection phenomenon, though absent, when power of erection is absent or lost from genuine organic impotency and in feeble and in some conditions of psychic impotence. To determine its precise value in psychic impotence and the genital weakness of sexual neurasthenia, demands more thorough study before absolutely positive conclusions can be reached thereon. I have seen it absent and very feeble in persons who subsequently regained power, especially in sexual neurasthenia, in the prostration of typhoid convalescence and in two of the spurious forms of *tabes dorsalis*, *i. e.*, sexual exhaustion *tabes*.

This sign is of obvious importance in questions of criminality connected with supposed rape. I have also seen the knee jerk absent and recovered from, in post malarial *tabes dorsalis* and grave forms of malarial toxhaemia.

This downward jerk may be elicited by frictioning the glans for awhile by rubbing it with a piece of paper (Onanoff's method) though I have never successfully succeeded in eliciting it in this way until after the organ got into a state of erectile excitement. Bringing it out in this way not only excites erection but it shows more as a twitch modification of true virile reflex. This glans reflex friction method and the resultant twitch is the excitation method and description of M. Onanoff, who made his dis-

covery about the time I made mine, as I learned when I communicated my discovery to M. Brown-Sequard, as I have stated in former communications on this subject, but you must note the Onanoff discovery was complicated with erectile co-excitation and is therefore a complex phenomenon and mine is not and is not elicited only in Onanoff's way of glans excitation, but chiefly and better in a different and less complicated manner.

Mine is obtained in various ways and by penis upward traction reinforced by tapping or stroking or pinching in any of the genesiac areas of the body below the umbilicus. Onanoff called his discovery a bulbo-cavernous reflex twitch, mine is an upward traction penile reflex, downward jerk elicited when the organ is drawn upward as already indicated. But if any pudic nerve area, of the inguinal, perineal or genital region, is excited, as previously described, by either upward penis traction or by traction and tap combined or by tickling with a straw, or pinching or pricking certain areas, this phenomenon will appear.

This phenomenon has in a manner been known, vaguely and indefinitely, to anatomists and physiologists for several decades before I described it or before Onanoff called attention to his similar phenomenon, but not before separated from other penile phenomena and given the distinctive significance with which we now invest it. Thus Ambrose Ranney, of New York, in 1881, reflecting anatomical observation on this subject up to the time of his writing his treatise of that day on applied anatomy of the nervous system, called attention to the fact (*Applied Anatomy of the Nervous System* 1881 page 469) that in some cases of fracture of the spine, in the dorsal region, where a part of the spinal marrow is left intact below the seat of the fracture, you may be able, by repeatedly pinching the skin of the scrotum and penis, to produce spasmodic contraction of the muscles of the perineum and urethra and often to effect turgidity of the organ to such a degree as to make it resemble an imperfect erection or priapism.

It is not uncommon for rectal as well as urethral, orchal and prostatic disease to produce sympathetic manifestations

in the genito-urinary organs in the form of neuralgic pains involving involuntary emissions, incontinence of urine, etc. Such effects can only be explained by the distribution of the pudic nerve to the integument about the genital anus, and I believe, to the walls of the rectum also, which allows reflex motor impulses to be sent from the spinal cord, (in response to rectal irritation), to the genito-urinary organs and perineal muscles. Now let us run briefly over the anatomy of the pudic nerve and its relations, for explanation of the *modus operandi* of this remarkable reflex and its great value, contributing as it does, to further make the pudic nerve in physiological significance next to that of the wonderful *vagus*.

Anatomy.

The pudic nerve branches from the lower portion of the sacral plexus, coming out of the pelvis through the great sacrospinous foramen with the pudic artery, gluteal and sciatic nerves and vessels. It then re-enters the pelvis and gives off the inferior hemorrhoidal nerve, and passes along the outer aspect of the ischio-rectal fossa to divide into the perineal and dorsalis penis nerve. The inferior hemorrhoidal nerve sometimes comes directly from the sacral plexus and is not then a branch of the pudic. It is distributed to the rectal sphincter muscles and perineum and integument and it here communicates freely with the superficial perineal and inferior pudendal nerves. The largest branch of the pudic nerve, the perineal, dividing it into superficial cutaneous and deeper muscle branches, sends some filaments to the sphincter and levator ani muscles, but it goes chiefly to the perineal integument, the scrotum, penis, labia and anus, communicating with the hemorrhoidal, as already indicated.

The muscular branches come usually from the pudic, pass forward and inward beneath the transverse perinei muscle, its terminal filaments going off to the transverse perinei, erector penis, accelerator urinae and sometimes to the bulb of the urethra. The dorsalis penis nerve is a terminal filament of the pudic, going between layers of

perineal fascia, through the suspensory ligament of the penis and along its dorsum to its glans. Its course is similar in the female. Ranney with Holden, from whom this anatomical description is mainly abbreviated, here introduces a note from Hilton to the effect that the integument of the side of the penis is supplied by the perineal branch of the inferior gluteal nerve and from no other source. This probably explains why the virile reflex is so much more readily obtained by dorsal than from general tapping of the organ.

The pudic nerve is a nerve of sensation and motion of the genitals and genital regions of the body, the perineum and its integuments, the urethra and clitoris, their mucous walls and linings, the penis and scrotum. It is a sensory-motor nerve of special as well as pain sense, the nerve of the genesiac sense, in main part at least, notwithstanding the probable associated genesiac function of the inferior gluteal, inferior pudendal and some cutaneous filaments of the small sciatic.

I believe the pudic is the nerve sui generis of the virile or genesiac reflex, especially in its infra umbilical and certain of the latter's branches in its distributions and peripheral reflex sensibilities and relations and the dorsalis nerve defines the boundaries of the virile or genesiac reflex areas. The virile or genesiac reflex phenomenon is a mainly, if not entirely pudic nerve area reflex. It is the diagnostic reflex of the sexual spinal cord sphere in the sexually normal individual, independently of the erectile state of the virile organ of the male or clitoris of the female.

The pudic nerve, through its reflex function, of which the virile or genesiac reflex is an important part, makes possible erections, seminal emissions, scrotal retraction, etc. They are brought about through its influence and relations.

Anatomists and physiologists have come near to the discovery of the definite virile reflex here described years ago, but have just missed it.

RELATIONS BETWEEN PHYSICAL DISEASES AND MENTAL DISORDERS.*

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IV. DYSCRASIC DISEASES.—A further group of physical diseases, which often result in mental disorders, may be comprised as general exhaustive diseases of gradual onset, as so-called *dyscrasias*. I might include here the chronic metabolic diseases, like *diabetis*, *albumenuria*, *anemia*, *chlorosis*, then *general carcinoma*, *general chronic tuberculosis*, and *syphilis*, finally the *metabolic disorders traceable to affections of the thyroid glands*. This group, as is seen, is without a uniform pathogenic foundation. A part of the disorders cited here might just as well be called auto-intoxications, and referred to the groups of intoxications; others belong to the infectious diseases, like tuberculosis and syphilis; others again rise from changes in certain organs, like the thyroid glands, kidneys. For the purpose of the present investigation they all have in common—and that justifies their being put in one group—that they are not usually of acute onset, like most infectious diseases, that their effect is not confined to a single organ, that we must pathogenetically seek for their pernicious influence in a change in general metabolism, in part in the way of its degeneration, which leads to defective nutrition and thus to exhaustion of the central nervous system, in part in the sense of the production of pathological, probably poisonous substances. The mental disorders arising on this foundation are extremely manifold in their course as in their symptoms, and little

*Concluded from Volume XXVI, No. 4.

characteristic of the fundamental disease. Only those of them, which are of acute onset and course, usually present the symptoms shown by Raecke to be characteristic of the "exhaustion psychoses:" blunting of attention, disorientation, incoherence and active, temporary false sensations and delusions.

Of *pulmonary tuberculosis* and general tuberculosis Heintelmann has shown in a few papers how the progressive physical disease may produce a mental weakness and loss of judgment. He especially mentions the unstable mood, the tendency to emotionalism, the false judgment of their own position and of the relation to those about; a lessened volition, a shyness of any occupation, which is in opposition to the increased libido sexualis, often exist. It is not merely the phthisical disease process, which produces these psychical changes, but external factors primarily: the influence of relatives, the actually changed mode of life, particularly of those tuberculous patients who for years stay at sanitariums and health resorts, the sympathy of acquaintances, etc. The Euphoria occurring in moribund phthisics is distinguished by H., as a special variety. But besides these psychical changes on the verge of the pathological, pronounced mental derangements are found in the tuberculous. Paris has chiefly observed states of anxious hallucinatory excitement and confusion; he ascribes them to a psychical shock, due to the knowledge of the incurability of the trouble; when the fundamental trouble improves the psychical symptoms abate. That in *Korsakow's psychosis* so-called, besides alcoholism, tuberculosis also often plays an etiological part, has already been mentioned.

I have quite often observed another form of psychical disease in the tuberculous, of which the following case is an instance.

P. came of a family with strong tuberculous taint (mother and two great aunts died of tuberculosis), as a child had pneumonia with brain symptoms. At 23 she became a nurse, at 26 had a severe typhoid and at 40 was affected with catarrh of the apices of the lungs. Ere the pulmonary disease and its tuberculous nature were estab-

lished, severe hypochondriacal ideas occurred, which were evidently traceable to abnormal organic sensations (especially of the lungs). Then active, agitating false sensations, states of excitement and suicidal attempts rendered admission to an institution imperative. Here with the advancement of the pulmonary tuberculosis pronounced delusions of persecutory and religious content occurred, while the hypochondriacal ideas were no longer manifested. P. succumbed to her lung trouble; during the death struggle the anxious mood heretofore constant became quieter, the orientation clearer; the delusions abated.

Here then a severe paranoia has been developed of a pronounced hypochondriacal character from the first. Still it seems to me as though the insidious tuberculosis, ere it is really known to the patient or physician, is especially suited to develop hypochondriacal ideas; in the organs affected by its numerous abnormal sensations certainly arise, which are then in some way hypochondriacally elaborated. In the tuberculous of little education, who are not, like this nurse, possessed of some medical knowledge, many monstrous hypochondriacal delusions, manifested indiscriminately, occur on this basis.

It is to be mentioned that tuberculosis represents an essential hereditary predisposing factor for psychoses and in higher degree than other infectious diseases or other chronic diseases of the progenitors (with the exception of the mental disorders). English authors particularly mention an alternation of tuberculosis and psychoses in the descendants and trace the disposition to tuberculous diseases of the organs to a defective function of the supposed trophic centers in the brain. That psychical disorders may occasionally be produced by tuberculous diseases of the central nervous system (meningitis), does not need to be especially mentioned.

With respect to the relations of *syphilis* to mental disorders, two forms of psychoses are known, which are closely connected with lues and characterized by quite marked changes in the brain: the real *brain lues* and *general paresis*, the first a component symptom of general syphilis, the latter is now generally regarded as a metasyphilitic disease.

As the changes in the brain are prominent in both, they do not come under this discussion. With respect to paresis it is only to be said here that the generally accepted opinion is that syphilis is the most important and frequent cause of paresis; if it is wanting, very prolonged and very pernicious factors may produce a similar picture, but usually defined anatomico-histologically. On the other hand is the fact that not every syphilitic becomes paretic; the assumption is evident that other factors are necessary for the occurrence of paresis. Besides congenitally lessened resistance of the brain (Raecke), individually acquired predispositions, hard mental work, frequent excitement, then chronic external injuries, e. g., in business, further traumatisms, infectious diseases, alcholic excesses are to be considered. In this sense must be understood the diseases frequently designated traumatic, infectious, toxic paresis, that the pernicious agents concerned always represent merely a predisposing factor or exciting cause with an existing syphilitic infection, if the clinical and anatomical picture of genuine paresis shall really occur.

Finally it is to be stated that in syphilitics severe *neurasthenia* (syphilitic neurasthenia) sometimes occurs, whose clinical picture is like that of a hypochondriacal melancholia or paresis. The most important etiological factor is the intense mental depression; but the enfeeblement of the nervous system by the infection and the medicinal poisons may have to be considered (Oppenheim). Under certain circumstances the differentiation from genuine paresis is difficult and the transitions gradual.

The mental disorders occurring in *carcinomatous disease* of some organ of the body may be explained in part of the cases by multiple metastases in the brain and meninges. Siefert has shown that the brain may appear almost unchanged macroscopically, while the microscope demonstrates scattered carcinomatous elements; the clinical picture in Siefert's cases was in a measure characteristic and homogeneous. In three cases of carcinomatous disease of the organs Elzholz observed mental disorders, which presented a certain uniformity in course and symptoms: active false

sensations, disorientation, intense excitement; in two of these cases a degeneration of the posterior columns of the cord existed, which was found in other carcinomatous patients. E. assumes that these cord degenerations are due to the poisonous products of the carcinoma and explains the mental disorders observed by similar toxic effects on the cortex. The necessity of here referring to the theory of autointoxication for an explanation of the mental disorders seems questionable, at least in view of Siefert's findings (see above). So it is that similar spinal degenerations as in carcinoma are also found in other exhausting diseases, e. g. anemia and chlorosis; it may then as well be a matter of degenerations in consequence of nutritive disorders of the nervous system, as they occur in all exhausting diseases. The mental disorders observed in severe anemia (e. g. in consequence of hemorrhages) chiefly are of the character of exhaustion psychoses (Raecke). Only in rare cases can other gross derangements in the brain be demonstrated. Thus in a young girl with pernicious anemia, who had died in an acute mental disorder with great confusion and excitement, I found a thrombus of the large cerebral sinus, which extended far into the veins of the brain and had caused multiple military brain hemorrhages. But when such demonstrable lesions in the brain are absent, the mental disorders occurring in carcinoma and anemia will have to be regarded as exhaustion psychoses due to the deranged nutrition of the nerve tissue.

More evident is the assumption of a toxic effect on the central nervous system in the acute mental disorders accompanying *albuminuria*. It is unquestioned that the comatose states in nephritis are due to an (uremic) intoxication of the central nervous system, if we do not know the nature of the poison concerned.

But mental disorders of all kinds of much longer duration are seen to accompany albuminuria (Hagen Köppen); this condition is the most frequent in delirium tremens. Köppen has shown that in part of these cases it is a matter perhaps of an albuminuria of cerebral origin and when no basis for the presence of a real organic kidney change exists. In these cases then the albuminuria, like the mental disorder, would not be

the cause, but the consequence of a (functional or organic) change in the brain. But in the difficulty in excluding secondary states, this assumption does not exceed the character of a hypothesis; in some cases the physical disorders (convulsions, fever, refusal of food) attending the psychical condition may be the cause of the albuminuria. But it is often better to consider a vulnerability of the kidneys, which, favored by external conditions (cold, dietetic errors) cause paroxysmal irritation of the brain by urine products.

I am led to this assumption by the observation of a case, in which on the basis of chronic alcoholism a depressive psychosis with agitating false sensations and stupor appeared. At the height of the disease marked albuminuria existed without signs of a severe nephritis. In convalescence the urine was free from albumin; but the patient had two relapses of agitated depression with renewed appearance of albumin from dietetic errors (without using alcohol). Patient had had a severe erysipelas shortly before the onset of the psychical disease.

If albuminuria many times occurs after the onset of the mental disorder, it only proves that an accumulation of pernicious material in the circulation must occur, ere it is manifested by elimination. With respect to the clinical forms of the uremic psychoses, Hagen states that those of depressive character with agitating false sensations or feelings of physical incapacity are more common. The diagnosis of the fundamental trouble might not be possible from the psychical symptoms alone.

The relations between *diabetis* and mental disorders are still less uniform. Bond found glycosuria twelve times in 175 psychoses. In how many cases *diabetis* is to be considered the etiological factor is not stated. It often seems to be the opposite; in paresis and other severe brain diseases particularly a glycosuria is sometimes found, which is evidently of cerebral origin. The psychical disorders excited in the final scene by diabetic coma have another significance, which, similarly to uremic coma, are to be traced to an autointoxication. In two of my cases I have seen a mental disease occur in a *diabetis* of very long standing at the age

50-60, which had the form of senile dementia with numerous paretic traits. In both patients of good standing by education and social position, an essential weakness, particularly of memory and judgment, especially in the moral sphere (inclination to obscenities and sexual acts) occurred quickly. In one the autopsy shows marked arteriosclerosis of the cerebral arteries, besides finer changes, which are found in genuine paresis. Here the diabetis had evidently favored the premature occurrence of an arteriosclerotic brain atrophy and produced the symptoms of a presenile dementia.

Here belong the psychical symptoms of catalepsy in children observed after severe *icterus* (Damsch) and severe agitated melancholia (Cramer). The brain lesions in the latter case yielded no marked changes. Both authors leave the question open, whether the cholaemia, an unknown toxine, or digestive disorders have led to the condition of the existing severe exhaustion psychoses.

Among the diathetic diseases are the mental disorders known as *thyreogenic* forms of insanity to be spoken of. Although connected with the disease of a certain organ, the thyroid glands, they still evidently depend on general disorders of metabolism. As consequences of disordered action of the thyroid glands, we recognize the postoperative and idiopathic myxoedema, morbus Basedow and endemic and sporadic cretinism. Milder or severer mental disorders may be combined with all these conditions, which are manifested particularly in cretins, as marked, congenital imbecility. But besides Herthoge has shown by many papers, that these are, particularly in women, depressive conditions in form of melancholia, which showed by simultaneous physical symptoms especially of the circulatory organs, then by the frequency of certain offspring, their connection with metabolic derangement of the thyroid glands. The specific treatment with thyroid preparations effects an essential improvement in the psychical symptoms of these cases. Furthermore, in these most diverse, chronic psychoses a connection with disordered function of the thyroid glands has been sought for without being in general justified by clinical signs or other pathogenetic points of view. The therapeutic efforts, which have been instituted in this direction, have been without a uniform result.

The following is to be said of the diseases of this

group:

The mental disorders occurring in chronic dyscrasic diseases are less uniform and less characteristic of the fundamental disease. Still other factors than the diathetic conditions probably cooperate in their occurrence. But the latter have an essential part in the evolution of these psychoses, in that they produce in part exhaustion of the organism and nutritive derangements of the brain by the impairment of metabolism, in part by autointoxication processes directly producing a damage of the central nervous system.

V. DISEASES OF INDIVIDUAL ORGANS.—The physical diseases recently discussed have in common, that they affect less a single organ than the whole body; thus it is explained that they more readily lead by a direct effect on the brain to a damage of its functions. The question still remains whether the mental disorders occasionally occurring in some affections of the organs are only an intermediate connection with the fundamental physical causes.

Here is to be mentioned a psychical disease type, which may present relations to all the organs of the body, *hypochondria* in its various forms. Whether these states belong to a real clinical form of disease will not be discussed here; for the present purpose they have the common, prominent symptom, that the mental depression, like the complaints and actual troubles of the hypochondriac, often refers to a definite organ. It is known that a number of these cases have actual, severe or mild, but usually chronic diseases of the organs as the foundation: they may be termed "*hypochondria cum materia.*" (Alt.) That this is especially frequent in chronic pulmonary tuberculosis, has already been mentioned; quite often at the autopsy of these hypochondriacs tumors, remnants of inflammations of serous membranes, particularly of the pleura and peritoneum, in form of fibrous adhesions and bands, etc., are found. This organic disease does not always need to present clinically demonstrable, physical symptoms: it may at least be entirely latent for the examining physician, and result in recovery without causing anatomical changes in the organ, while the patient has various indefinite sensations. Con-

nected with it, the content of our consciousness consists in great part of perceptions, which are derived from the organs of the body, the so-called organic feelings—somatopsychical consciousness. (Wernicke.*) Perhaps this fact is related, that very often senile melancholiacs are characterized by hypochondriacal traits: the physiological involutional process of all organs incident to the age may most readily be the cause of changed organic feeling.

In all these cases then a real functional disorder of the organ may be determined at least in the direction and content of the pathologically changing feelings and ideation. The real and only causes of the psychoses are not these organic changes; that is shown by the fact, that the delusions thus arising often far exceed the bounds of the physical troubles possible by the disorder of the organ. The relief of the physical trouble often effects only a temporary improvement, rarely a complete recovery from the mental disorder. The hypochondriacal symptoms arise rather on the basis of other psychoses, functional as well as organic, like melancholia, paranoia, paresis and give them their own color above indicated. Of the predisposing factors hereditary taint on the one hand, but then also the condition of exhaustion and overfatigue of the nervous system, which we meet with in *neurasthenia*, play an essential role.

Besides these hypochondriacal psychoses only loosely connected with physical disorders, we see after diseases of certain organs, other mental diseases occasionally occur, while in individual cases the connection is perhaps somewhat closer.

Of the diseases of the sense organ *ear troubles* are found most often in the anamnesis of chronic, especially hallucinatory, psychoses. The subjective troubles due to the ear affection are especially the noises, like ringing and roaring, perhaps the cause of corresponding false sensations, which represent the first symptoms of a later paranoia. The distrust frequent in those hard of hearing, if they are otherwise perfectly normal mentally, and the justified de-

*See case of somatopsychosis described by Wernicke in his *Outlines*.

pression from this unpleasant defect becoming greater day by day, may cooperate in the origin of the psychoses. Still all these factors will not be able alone to evolve a chronic paranoia, if not by other conditions, to which belongs especially a degenerative constitution, has created a certain predisposition.

The connection between ear troubles and mental disorder in point of time is to be well recognized in the following case: A merchant, with no hereditary taint, but with many physical signs of degeneration, became ill about 7 years ago with a catarrh of the middle ear and became deaf; until this time he conducted his business successfully. Five years ago he complained of roaring and ringing in the ear, then he heard several calls and voices, finally whole words; active persecutory ideas (fear of poisoning) now occurred, which still control the disease type.

The delirious states occasionally observed after *cataract operation* occur chiefly in senile individuals or those debilitated by alcohol, poor nutrition, (Löwy) and the eye operation might here play the role of an exciting cause, in which the cooperation of psychical factors (remaining a long time in complete darkness) is not excluded.

Among the other organic diseases the connection of *diseases of the circulatory system* with mental disorders has been referred to. The existing statistical investigations offer no uniform results and no conclusion, whether it is a matter of an accidental coincidence or of an etiological connection. At any rate it seems as though in this group of diseases predisposing factors, particularly hereditary taint, is less to be considered; the cardiac or vascular disease is often found to be the only demonstrable pernicious agent in the anamnesis. That in the course of such diseases of the heart and vessels (embolism and thrombosis in valvular insufficiency, atheroma of the vessels) focal destructions of the brain and thus mental disorders may occur, needs not to be spoken of further here. In the so-called functional psychoses, states of depression to intense anxiety with and without false sensations, then states of maniacal excitement and hallucinatory confusion have been ascribed to

cardiac and vascular diseases. As causes are to be cited the disorders of circulation which may lead to a defective blood supply or congestion of the brain or cyanosis; perhaps other poisons formed in the body cooperate. The variation in pressure in the vascular system are of importance not to be underestimated. We know that many states of pathological affect are accompanied by changes in the blood pressure, that in melancholia at the climax of anxiety particularly the blood pressure is increased. (Cramer.) The patient's anxiety is often directly located in the cardiac region. Still it cannot be decided in every case whether these variations in pressure are excited cerebrally by an action on the vascular centers, or whether they occur from functional derangements in peripheral organs.

Here the fact is to be referred to that in middle life or at the onset of senility mild forms of melancholia quite often occur, which show their connection with circulatory disorders by certain symptoms: slight arteriosclerosis, irregular heart action, small, frequent, irregular pulse. That the psychical symptoms are not due to a premature or arteriosclerotic brain atrophy is proven by the fact, that it is sometimes to effect an improvement in the psychical disease type by regulating the heart's action (administration of *strophanthus*, *digitalis*, etc.)

I have occasionally seen mental disorders occur in young persons with a more direct connection with the prior cardiac disease. Infantile chorea quite often arises on the basis of an endocarditis induced by articular rheumatism. Frequently, at puberty, an epilepsy or hysteria, which may be accompanied by mental derangements, is developed after a chorea, or a severe adolescent psychosis leading to dementia (*hebephrenia*) occurs, in which the symptoms of chorea may still continue. Acute exacerbations of endocarditis seem to favor the occurrence of hallucinatory or stuporous attacks. In these cases at any rate the ground is generally prepared by hereditary taint or other predisposing factors; perhaps the infection poison of rheumatism, respectively of endocarditis, plays a part.

An instance is the following case: The son of an inebriate became ill at 10 with articular rheumatism and endocarditis and since then had twitchings in the face, arms, legs and spells of crying. The mental development was then retarded; still the patient could help in his father's saloon. Since 17, frequent states of anxiety with running away from home, vagabondage. At 20, admission to a hospital. Here no convulsions were observed; but in the otherwise quiet and industrious patient articular pains again occurred frequently, combined with intense anxiety and more marked twitching in the face and choreic movements of the fingers. The heart murmur louder, extension of the cardiac dullness and cyanosis were increased. A year after admission the patient died of another severe endocarditis and pericarditis, which were accompanied by attacks of intense anxiety. The autopsy showed no gross brain disease, and only cell degeneration microscopically.

Diseases of the gastro-intestinal canal have always played a great role in the pathogenesis of psychical disorders. If the importance, which older psychiatry ascribed to these disorders in the periphery of the vago-sympathetic, seems exaggerated, when it was established that long continued and severe derangements in the digestive tract are not alone sufficient to produce a mental disease, still recent observation has shown that relations between the physical diseases named and neuroses and psychoses of certain kind exist.

Alt has first called attention to the connection between stomach troubles and certain nervous or psychical derangements. He especially mentions a form of chronic gastric catarrh, which is primarily characterized by changes in the chemical constituents: increase, diminution or absence of hydrochloric acid, occurrence of lactic or butyric acid or other abnormal products of fermentation. The nervous derangements then observed may consist of paraesthesias, attacks of vertigo and stupor, irritability and depression, but primarily of the occurrence of states of anxiety, which are sometimes accompanied by imperative ideas or actions. The consciousness is not clouded in the intervals; disease insight exists. The more marked the anxiety, the more the picture

of a real psychosis occurs, which Alt has differentiated from true melancholia as "gastric psychosis"; the attacks of anxiety then last longer and are accompanied by illusions and hallucinations and finally by delusions of hypochondriacal content. In almost all of these cases described by Alt predisposing factors are found, either in hereditary taint or marked neurasthenic exhaustion. The connection between physical and psychical disturbance is afforded according to Alt by an irritation of the terminals of the vago-sympathetic in the gastric mucous membrane, partly in consequence of the abnormal products of secretion and fermentation, in part by mechanical dilatation of the distended stomach wall. These irritations are reflexly conveyed to the central organ, first of all to the medulla oblongata, and on the other hand injuries to the other distributions of the vago-sympathetic, especially lungs and heart, occur by means of irradiation, so that the derangements accompanying the trouble, e. g. asthmatic attacks, palpitation, etc. are explained. Alt especially emphasizes the importance of this connection, which indicates the treatment: a proper treatment of the stomach long continued, is able to relieve the physical derangements.

Further observations by Alt and publications of other authors (Wagner von Jauregg, von Sölder, Herzog) indicate, that in the nervous and psychical derangements described diseases of the intestinal canal are often found, chronic constipation especially. Von Sölder has described a series of cases, which, usually terminating fatally in form of acute delirium, present recent parenchymatous changes in the glandular organs: liver and kidneys, and of the heart; as the cause of this disease he regards the coprostasis found in every case with secondary changes in the mucous membrane of the colon. Besides the reflex processes of the vago-sympathetic mentioned, the authors named refer to the damage of the central nervous system by the impairment of nutrition and by the toxic products of the pathologically changed metabolism. Herzog restricts the etiological significance of these physical diseases, of which he especially emphasizes the derangements of the circulatory system, that it is not a matter of a specific disease type—a gastric neu-

rosis or psychosis. All nervous and psychical disorders according to him are merely the expression, the component of a neurasthenia existing *a priori*. The gastric or intestinal derangements are merely the cause of the outbreak or exacerbation of the nervous or psychical symptoms. The therapeutic side might be the common and significant of all these observations, which points to a way to relieve severe psychical disorders, may they have developed on the basis of predisposing factors, produced by gastro-intestinal pernicious agents, or may they be primarily due to the latter. That a nervous symptom reacting by a psychosis to simple gastric derangements is always unstable, deviating from the normal average, is unquestionable. But the recognition and treatment of these physical disorders are of greater importance to the practitioner in such cases. We see that in epilepsy, where a trifling error in diet often suffices to produce a seizure or a number of them, or a state of marked confusion, as the equivalent of the motor attacks.

In chronic psychoses also, particularly those occurring in periodical attacks, the occurrence of gastro-intestinal derangements, manifested by coated tongue, foul breath, constipation and indicanuria quite often go hand in hand with an aggravation of the psychical condition. If these attacks appear in the hospital, on careful observation the impression is often gained, that the symptoms in the digestive tract precede the aggravation of the psychical condition. Quite often such an attack is induced by demonstrable errors in diet.

Doubtless in a number of other cases, in acute psychoses as well as in acute attacks of the chronic, the attendant gastro-intestinal derangement is purely of a secondary nature, produced either by inordinate and deficient food in confused and excited patients or by a cerebral disturbance of metabolism. This is especially true of many recent cases, who often before admission to the hospital are subjected to the most improper treatment by isolation, etc., by the relatives or in small institutions. Then of course the secondary gastro-intestinal disorder aggravates the psychical condition. Here therefore a therapy directed to the physical derange-

ments is indicated and every psychiatrist knows that regulation of the diet and intestinal action in these cases often effects a surprisingly quick quieting and improvement in the excited or stupid patients, if the fundamental psychical trouble is not changed. Examination of the feces, which often present a quantity of indigestible substances (wood fibres, stones, etc.), indicates that an improper nourishment has occurred under the influence of the incipient psychosis. The acetonuria and indicanuria quite often present is merely a sign of the deranged intestinal action and cannot be claimed to be a formation of toxins in the sense of autointoxication.

But from all observations it seems certainly shown, *that primary as well as secondary gastro-intestinal derangements may in part produce, in part intensify reflectly or by changes in metabolism nervous and psychical derangements, which are capable of improvement by a treatment of the fundamental trouble and thus show their connection with them. It often seems to be a matter of individuals, who are burdened with predisposing factors of all kinds.*

Long known and numerous relations exist between the processes in the *female sexual organs* and mental disorders. One has ceased to trace the whole symptom complex, which is termed hysteria to diseases of the genital organs, for neither pathogenetic points of view nor therapeutic results justify this assumption. Whereas the relations between mental disorders and the different stages of development and functions of the female genital organs are important. A large part of these conditions do not belong in the scope of this paper, because they are either within physiological bounds, like the irritability of the normal woman at the periods (Schröter) or are produced by normal, not pathological processes in the genitals, like the psychical disorders, which occur during menstruation and in the normal process of procreation. A part of the latter which are called *puerperal psychoses*, are at least related to pathological processes, which may appear during pregnancy, confinement and the puerperal state in the female genital organs and their adnexa, and not only infectious processes of all kinds are to be con-

sidered in the gravid or puerperal uterus, but also in the lactation period in the mammae, then exhaustion from hemorrhage or nursing, finally complications with kidney diseases. Mental disorders occurring here as well as in the normal puerperal state are referred by most authors to the important role, which predisposing factors, particularly hereditary taint, but then also acquired pernicious agents, especially previous diseases, play. According to their clinical symptoms the psychoses originating on these foundations are entirely different and belong to the most manifold disease types, melancholia, mania, hallucinatory confusion, even to imperative insanity (Alt), from which they are not always differentiated in course and prognosis. The puerperal psychoses, as Sommer and E. Meyer have recently shown, cannot be regarded as a uniform disease type of like etiology and symptomatology. The normal puerperal state is merely an exciting cause for the outbreak of a mental disorder prepared for by other factors. The other psychoses occurring after pathological puerperal processes must be called infection, intoxication or exhaustion psychoses, according to the predominance of one or the other pernicious agent. These then present great uniformity in symptoms, course and prognosis, in so far as they often occur in the form of marked confusion, perplexity or excitement with and without false sensations and, in the fundamental puerperal infection or exhaustion, afford a therapeutic indication, which in many cases renders the recovery from the psychical trouble possible (Alt).

The so-called climacteric psychoses belong to those of the age of involution according to their etiological significance; when symptoms of reflex irritation in the genital organs undergoing involution, also hemorrhages in irregular, profuse menstruation and psychical factors may play a part.

Other gynecological diseases may afford the causative factor of a psychosis under the same conditions as other organic diseases, which under certain conditions may have the character of hypochondria. We sometimes see the same processes in the male genital organs, in which psychical factors (assumption of an infection, the hypochondriacal worries of masturbators caused by popular books) essentially

cooperate.

We see then in the diseases of the individual organs in part merely an exciting cause for the occurrence of other typical mental disorders.

Another part of these organic diseases may afford a more profound and important cause for psychoses by reflex irritation, by disorders of circulation, nutrition and intoxications of the brain. But in most cases predisposing factors are essential; therefore the psychoses thus arising are little characteristic of the fundamental disease; we are not justified in this sense in speaking of cardiac, gastro-intestinal, puerperal psychoses, etc.

In many hypochondriacal mental disorders the organic diseases at least furnish the direction and content of the psychical symptoms.

VI. CONCLUSIONS.

1. On the basis of physical diseases of the kinds described in the preceding sections psychical disorders of longer or shorter duration may arise.

2. Still it is in the rarest cases, that the physical disease is the only or cardinal cause of the psychosis. In these few cases we find that the clinical picture presents certain symptoms, which are characteristic of the origin and that usually on the removal of the external pernicious agent the psychical disorder disappears or improves at least. It is apparently a matter of a direct effect of this agent on the brain, which in some cases is also shown by the pathologico-anatomical examination. Instances are particularly several infection and intoxication psychoses.

3. In these the restriction must be made, that the physical injury does not always result in a psychosis of definite character, that other causes also cooperate here.

4. In most cases the physical disease is merely an etiological factor together with many other equivalents, yet often only a so-called exciting factor. That is shown especially by those psychoses having nothing characteristic of the cause of origin and not disappearing after relief of the fundamental trouble.

5. The predisposition cooperating is likewise not a uniform factor and not by any means exhausted by heredi-

tary taint. Rather all possible causes injuring the body are to be also understood.

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MIXOSCOPIC ADOLESCENT SURVIVALS IN ART, LITERATURE AND PSEUDO-ETHICS.*

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THE mental attitude of the hysteric towards genital expressions of affection appears well marked in what de Maulde† calls the platonism of the women of the renaissance.

The newly fledged husband (of the Middle Ages) remarks de Maulde was under no illusion in the matter; he had married to cure himself of love, or rather to have done with it forever, to turn away from women and toward higher things. He would never have imagined any connection between his marital duties and his soul. First and last wedlock had no romance for him. Marriage was the worn and dusty highway of materialities. Nor did the expectations of the young girl soar any higher. Shown the simple truth by the solemn personages to whom she owed her upbringing she knew all there was to know about her new duties and in regard to these it was thought peculiarly necessary to arm her against errors and enthusiasms that

*Continued from November, 1905.

†Women of the Renaissance.

might bring disappointment in their train. Marriage she had always looked upon as a natural function with excellent precedents and she had studied its rules in their rudiments, at least so as to be able to guide her steps intelligently in a career that had necessarily its technical side.

This was why Champier, the physician, compiled expressly for Suzanne de Bourbon a little treatise quite foreign in its nature to what in these days is called "literature for young people". Yet it must be confessed that this treatise, frankly physiological as it is, constituted the best imaginable safeguard against being swept away on a flood-tide of passion and folly. Champier (who was cloister bred) lays down as rigorously as though stating an astronomical law, various rules for his lady's guidance in the most intimate relation of married life. Prudence, moderation and regularity are his texts and he gives point to his precept by setting against them a menacing array of human ills—gout, anemia, dyspepsia, sight enfeeblement.

Montaigne has a good deal of pity for the women subjected to the capricious humors of the medieval conception of marriage which survives today; in many cases "they are verily in worse condition than maids or widows. We want them at the same time hot and cold." He does not remark, says de Maulde, for some reason or other that disgust of too pronounced materialism, longing for peace or quietness, coquetry, scorn of sensuality, or what not, the majority of women only accepted wifedom for the sake of motherhood and would be more than satisfied to be virgin mothers or parthenogenetics. Some considered themselves almost as idols, too sacred for human touch.

This conception, still a dominant note in the thought of certain social purists, finds to a marked degree vent in current samples of problem fiction. One by Grant Allen* is relatively normal, albeit dominated to an enormous degree by this medieval conception of the impurities of even marital sexual relations. A Chicago production by Attorney Caroline Huling and Dr. Theresa Schmidt* is permeated entirely by the virgin-mother notion. The heroine, a

*The Woman Who Did.

hysterical degenerate, studies medicine after a trained nurse course. After graduation in medicine she determines to revert to primitive mother right and "have a child whose affection she will share with no father." A pruriently prudish medical impossibility furnishes the necessary material for "scientific artificial fecundation experiments" on an unknown female. A daughter results, which not being a wise child and knowing its own father, worries the mother for information about the male parent. Incidentally during a consultation in a sterility case the physicians learn their relationship to each other and the child. A common law or quaker marriage fortified by a rigid contract follows. *The Courage of Her Convictions* was greeted with marked enthusiasm by some notorious Chicago social purists.

The preachers who at one time ardently urged the severing of family ties as inexorably demanded by religion, were later seen proclaiming from their pulpits with the same appeal to religion a totally different doctrine† and inculcating mortification of the flesh of quite a novel kind. Of this the story of the "Excellent Pharmacist at Pan‡ 'who never had anything to do with his wife except in 'Holy Week' by way of penance'" is a fair sample. Even in remote country places it became the vogue to occupy separate rooms. There was no attempt at disguising the fact and a great deal of joking on this casuistical refinement went on in polite circles.

Another quality which idealists regarded as conducive to charm was a certain stiffness and reserve of manner. Woman, like the Ark of the Covenant, was to be worthy of all respect. She was not thought the worse if like a mimosa, she shrank within herself when the sun's rays were no longer there to warm and if she was afraid of the dark. The woman chary of her smile was considered a beautiful creature. In platonist circles they could scarcely even admire the beauty of the shoulders, indeed there were no longer seen flaunted in street or church under the eyes of the common herd certain liberties in costume from time

**The Courage of Her Convictions.*

†*DeMaulde, Women of the Renaissance.*

‡*Heptameron, Tale 68.*

immemorial, the despair of preachers—low cut dresses like that of Isabel of Bavaria, whom Jacques Legrant admonished from the pulpit for showing everything “down to her navel”; robes scalloped at the sides; long pointed shoes so much in the way that a woman had to lift her petticoats very high to be able to walk. Here however was noticeable the influence of an esoteric mental state allied to foot fetichism. The most frequent type of erotic symbolism, remarks Havelock Ellis* is that which idealizes the foot and the shoe. This phenomenon is frequently complex. Theologically the lubricious conception of the shoe early appears prominently in church sumptuary laws. At the Rheims synod of 972 Abbot Raoul of St. Remi† denounced monks for wearing indecent shoes of large size and tissue so transparent that nothing was hidden. From this time on these “chicken shoes” with a claw or beak, although pursued by anathemas of popes and invectives of preachers, continued in use for more than four centuries. They were considered by middle age casuists as the most abominable evidences of lubricity. It is not evident at first sight, remarks Dufour, what there could be scandalously suggestive in shoes terminating in a lion’s claw, an eagle’s beak or a ship’s prow. The excommunication of this species of shoe preceded the pornographic inventions of libertines who wore shoes with phallic terminations. These were often worn by modest women who didn’t recognize what fashion placed on the tips of their shoes. Royal and ecclesiastic sumptuary laws alike forbade these shoes. Great lords and ladies, probably wearing modest “chicken shoes”, defied these laws. Charles V and the Avignon pope, Urban V, forbade these shoes but they still persisted in use in the reign of Louis XI. The phallic terminations, fashion had meanwhile turned into spirals like those of Chinese and Turkish shoes.

Even for the normal lover, the foot is a most attractive part of the body. Stanley Hall‡ found that among the parts specified as most admired in the other sex by young men and women who answered a *questionnaire*, the feet came

**Medicine* February, 1906.

†*Histoire de la Prostitution*, Tome 1.

‡*Adolescence*, Vol. 2, p. 118.

fourth (after the eyes, hair, stature and size). Casanova* an acute student and lover of women but not a foot fete-chist, remarks that all men who share his interest in women, are attracted by their feet. These offer the same interest as the particular edition does to the bibliophile.

The hand does not appear among the parts of the body normally of supreme interest. An interest in the hand is by no means uncommon.† The hand does not have the mystery which envelopes the foot and head fetechism of which Binet‡ and Krafft Eben* report instances is rather rare.

The normal lover in most civilized countries does not usually attach such importance to the foot as he frequently does to the eyes, although the feet play a very conspicuous part in the work of many novelists. Hardy† shows an unusual but by no means predominant interest in the feet and shoes of his heroines. See the observations of his cobbler. Wilkie Collins‡ makes his shrewd steward Betteredge agree with Cobbett in choosing a wife from the way she sets her foot down. Goethe‡ narrates an episode involving the charm of the foot and the kissing of the beloved's shoe. To a not inconsiderable minority the foot or boot becomes the most attractive part of a woman. In some noted cases the woman seems comparatively an appendage to her feet or shoes. Shoes under civilized conditions much more frequently constitute the sexual symbol than do the feet, which is not surprising since in every day life the feet are not often seen. Only under exceptionally favorable circumstances does foot fetechism occur.

Castiglione goes into raptures about the simple velvet boot of a lady who on going to mass one morning fancied she had to spring lightly across a brook. Aretino, naturally an expert in such matters, declares no one has a greater horror of a gratuitous display of her charms than a courtesan. Refinement and delicacy, according to deMaulde, make women more fastidious and more shy because they realized their value and because they wished to

*Memoires Vol. I, Chap. VII.

†History XII, Appendix B., Vol III, Psychology of Sex.

‡Etudes de Psychologie Experimental p. 12.

*Psycoopathia Sexualis, p. 214.

†Under the Greenwood Tree.

‡The Moonstone.

be loved, principally at least for their soul. The influence of asceticism in the Middle Ages had generated the absurdly exaggerated desire to put out of sight the existence of the body. Artist's attenuated corporeal forms until on their canvas the body represented merely a thought. The raiment in which the body was delicately and gracefully draped served as vesture to this thought and contributed, so to speak, according to de Maulde, to immaterialize it. This reaction against beauty unadorned naturally affected the most pornographic minds. Aretino has naturally indulged in the most virulent invective against the realism of Michael Angelo. The Council of Trent led a crusade for purging the churches of too life-like anatomies. Pope Paul IV, the "breeches maker", caused some veracious details of Michael Angelo in the Sistine Chapel to be covered with gauze, and generously presented the Virgin with the dress he thought she needed badly.

Margaret of France who is de Maulde's ideal platonist, was shocked at the idea that any one could say he adored some Italian princess or duchess lying in voluptuous simplicity in the midst of a beautiful landscape. To this fascinating, but to her degrading spectacle, she resolved to oppose another—the spectacle of the soul. This idea occurred at a time when charms other than those of the soul are dead. She had herself painted before a landscape with a setting sun, erect in front of a curtain, clothed in a transparent tissue¹, carefully fastened at the neck, admiring herself in a little hand glass; an allusion to her book "The Mirror of the Soul." Women genuinely platonic used their physique as a first means of developing their charm. Here they were at odds with the mystics who regarded the body as a negligible encumbrance but they were still more sharply divided from the sensualist. Their idea, de Maulde remarks, was to deify the body, enshrine it, so to speak, and glorify it as the vesture of the soul, the servant of the heart.

The art of Albrecht Durer and others of that school,

¹*Elective Affinities.*

glorified like some of the art of prehistoric man, pregnancy and maternity as Havelock Ellis* points out. This glorification by art naturally passed into costume and in times of revolt against race suicide, created simulacra of pregnancy in fashionable female attire. This cropped out toward the close of the Reign of Terror as Carlyle† has pointed out.

***Psychology of Sex: Sexual Selection.**

†**French Revolution.**

(To be continued.)

EROTIC SYMBOLISM.

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THE erotic symbols hitherto discussed* have in every case been portions of the body, or its physiological processes or at least the garments which it has endowed with life. The association on which the symbol has arisen has in every case been in large measure, although not entirely, an association of contiguity. It is now necessary to touch on a group of sexual symbols in which the association of contiguity with the human body is absent; the various methods by which animals or animal products or the sight of animal copulation may arouse sexual desire in human passions. Here occurs a symbolism mainly founded on association by resemblance; the animal copulation recalls the human coitus, the animal becomes the symbol of the human being.

The group of phenomena here concerned includes several sub-divisions. There is first the more or less sexual pleasure sometimes experienced, especially by young persons, in the sight of copulating animals. This I would call mixoscopic zoophilia; it falls within the range of normal variations. Then there are cases in which the contact of animals, stroking, etc., produces sexual excitement or gratification; this is a sexual fetichism in the narrow sense and is by Krafft-Ebing termed *zoophilia erotica*. Then occurs the class of cases in which a real or simulated sexual intercourse with animals is desired. Such cases are not regarded as fetichism by Krafft-Ebing† but they come within the phenomena of erotic symbolism, as here under-

*Medicine, 1906-6.

†For Krafft-Ebing's discussion of the subject, see *Op. cit.* pp. 530-539.

stood. This class falls into two divisions: one in which the individual is fairly normal, but belongs to a low grade of culture; the other in which he may belong to a more refined social class, but is affected by a deep degree of degeneration. In the first case we may properly apply the term bestiality; in the second case it may perhaps be better to use the term *zoerastia*, proposed by Krafft-Ebing.*

Among children, both boys and girls, it is common to find that the copulation of animals is a mysteriously fascinating spectacle. It is inevitable that this should be so, for the spectacle is more or less clearly felt to be the revelation of a secret which has been concealed from them. It is, moreover, a secret of which they feel intimate reverberations within themselves, and even in perfectly innocent and ignorant children, the sight may produce an obscure sexual excitement. It would seem that this occurs more frequently in girls than in boys. Even in adult age, it may be added, women are liable to experience the same kind of emotion in the presence of such spectacles. One lady recalls as a girl, that on several occasions, an element of physical excitement entered into the feelings with which she watched the coquetry of cats. Another lady mentions, that at the age of about 25, and when still quite ignorant of sexual matters, she saw from the window some boys tickling a dog and inducing sexual excitement in the animal; she vaguely divined what they were doing, and though feeling disgusted at their conduct, she at the same time experienced in a strong degree what she now knows was sexual excitement. The coupling of the larger animals is often an impressive and splendid spectacle, which is far indeed from being obscene, and has often commended itself to persons of great intellectual distinction.* But in young or ill-balanced minds, such sights tend to become prurient and morbid. I have already referred to the curious case of a sexually hyperaesthetic nun, who was always painfully

*In England it is uncommon to use the term "unnatural offense." This is an awkward and possibly misleading practice which should not be followed. In Germany a similar confusion is caused by applying the term "sodomy" to these cases as well as to pederasty. Krafft-Ebing considers that this error is due to the jurists, while the theologians have always distinguished correctly. In this matter, he adds, science must be *ancilla theologiae* and return to the correct usage of words.

excited by the sight, or even the recollection of flies in sexual connection, so that she was compelled to masturbate; this dated from childhood; after becoming a nun she recorded having had this experience, followed by masturbation, more than four hundred times.†

In the case of pathological sexuality in a boy of 15, reported by J. A. McDonald, and already summarized, the sight of flies is also mentioned among many other causes of sexual excitation.

Animal spectacles sometimes produce a sexual effect on children even when not specifically sexual; thus a correspondent, a clergyman, informs me that when a young and impressionable boy he was much affected by seeing a veterinary surgeon insert his hand and arm into a horse's rectum, and dreamt of this several times afterwards with emissions.

While the contemplation of animal coitus is an easily intelligible and in early life perhaps an almost normal symbol of sexual emotion, there is another sub-division of this group of animal fetichisms which forms a more natural transition from the fetichisms which have their centre in the human body: stuff-fetichism, or the sexual attraction exerted by various tissues, perhaps always of animal origin. Here occurs a somewhat complicated phenomenon. In part, there is a considerable number of such cases, the sexual attraction of feminine garments, for all such tissues are liable to enter into the dress. In part, also, there is sexual perversion of tactile sensibility, for in a considerable proportion of these cases it is the touch sensations which are potent in arousing the erotic sensations. But in part, also, it would seem, we have here the conscious or sub-conscious presence of an ani-

*The Countess of Pembroke, Sir Philip Sidney's sister, appears to have found sexual enjoyment in the contemplation of the sexual prowess of stallions. Aubrey writes that she "was very salacious and she had a contrivance that in the spring of the year . . . the stallions . . . were to be brought before such a part of the house where she had a vidette to look on them." (*Short Lives*, 1898, Vol. 1., p. 311). Although the modern editor's modesty has caused the disappearance of several lines from this passage the general sense is clear. According to Fuchs, (*Das Erotische Element in der Karikatur*, p. 70), Burckhardt, secretary to Pope Alexander VI, recorded in his diary that it was a favourite amusement of that pope and his daughter Lucrezia Borgia to overlook from the windows of the Vatican a court in which grooms were directed to let loose stallions with mares in heat.

†*Archivio di psichiatria*, 1902, fasc. 11 - 111, p. 338.

mal fetich, and it is notable that perhaps all these stuffs, and especially fur which is by far the commonest of the groups, are distinctively animal products. We may perhaps regard the fetich of feminine hair, a much more important and common fetich, indeed, than any of the stuff fetichisms—as a link of transition. Hair is at once an animal and a human product, while it may be separated from the body and possesses the quality of a stuff. Krafft-Ebing remarks that the senses of touch, smell and hearing as well as sight seem to enter into the attraction exerted by hair.

The natural fascination of hair, on which hair-fetichism is founded, begins at a very early age. “The hair is a special object of interest with infants,” Stanley Hall concludes, “which begins often in the latter part of the first year. . . . The hair, no doubt, gives quite unique tactile sensations, both in its own roots and to hands, and is plastic and yielding to the motor sense, so that the earliest interest may be akin to that in fur which is a marked object in infant experience. Some children develop an almost fetichistic propensity to pull or later to stroke the hair or beard of everyone with whom they come in contact.”*

It should be added that the fascination of hair for the infantile and childish mind is not necessarily one of attraction but may be of repulsion. It happens here, as in the case of so many characteristics which are of sexual significance, that we are in the presence of an object which may exert a dynamic emotional force, a force which is capable of repelling with the same energy that it attracts. Féré records the instructive case of a child of 3, of psychopathic heredity, who when he could not sleep was sometimes taken by his mother into her bed. One night his hand came in contact with a hairy portion of his mother’s body and this, arousing the idea of an animal, caused him to leap out of bed in terror. He became curious as to the cause of his terror and in time was able to observe “the animal” but the train of feelings which had been set up, led to a life-long indifference to women and a tendency to homosexuality. It is

*G. Stanley Hall, “The Early Sense of Self,” (*American Journal of Psychology*, April, 1898, p. 859.)

noteworthy that he was attracted to men in whom the hair and other secondary sexual characters were well developed.*

As a sexual fetich hair strictly belongs to the group of parts of the body; but since it can be removed from the body and is sexually effective as a fetich in the absence of the person to whom it belongs, it is on a level with the garments which may serve in a similar way, with shoes or handkerchiefs or gloves. Psychologically hair fetichism presents no special problem but the wide attraction of hair—it is sexually the most generally noted part of the feminine body after the eyes—and the peculiar facility with which when plaited it may be removed, render hair-fetichism a sexual perversion of specially great medico-legal interest.

The frequency of hair fetichism, as well as of the natural admiration on which it rests, is indicated by the case recorded by Laurent.† “A few years ago,” he states, “one constantly saw at the Bal Bullier in Paris a tall girl whose face was lean and bony, but whose black hair was of truly remarkable length. She wore it flowing down her shoulders and loins. Men often followed her in the street to touch or kiss the hair. Others would accompany her home and pay her for the mere pleasure of touching and kissing the long black tresses. One, in consideration of a relatively considerable sum, desired to pollute the silky hair. She was obliged to be always on her guard, and to take all sorts of precautions to prevent anyone cutting off this ornament which constituted her only beauty as well as her livelihood.

The hair despoiler (*Coupeur des Nattes* or *Zopfabschneider*) may be found in any civilized country though the most carefully studied cases have occurred in Paris‡.

Such persons are usually of nervous temperament and bad heredity; the attraction to hair occasionally develops in early life; sometimes the morbid impulse only appears in later life after fever. The fetich may be either flowing hair or braided hair but is usually one or the other and not both. Sexual excitement and ejaculation may be produced in the

(*Fere, *L'Instinct Sexuel*, 2nd. ed. pp. 262 - 266).

†B. Laurent, *L'Amour Morbide*, 1891, p. 164.

‡Several medico-legal histories of hair-despoilers are summarised by Krafft-Ebing, *Opus. cit.* pp. 329 - 334.

act of touching or cutting off the hair, which is subsequently, in many cases, used for masturbation. As a rule the hair despoiler is a pure fetichist, no element of sadistic pleasure entering into his feelings. In the case of a "capillary kleptomaniac" in Chicago—a highly intelligent and athletic married young man of good family—the impulse to cut off girl's braids appeared after recovery from a severe fever. He would gaze admiringly at the long tresses and then clip them off with great rapidity; he did this in some fifty cases before he was caught and imprisoned. He usually threw the braids away before he reached home.* In this case there is no history of sexual excitement, probably because no proper medico-legal examination was made.†

The stuff-fetiches are most usually fur and velvet, feathers, silk and leather also sometimes exerting this influence; they are all it will be noted, animal substances.‡ The most interesting is probably fur, the attraction of which is not uncommon in association with passive algolagnia. As Stanley Hall has shown, the fear of fur, as well as the love of it, is by no means uncommon in childhood; it may appear even in infancy and in children who have never come in contact with animals.|| It is noteworthy that in most cases of uncomplicated stuff-fetchism the attraction apparently arises on a congenital basis, as it appears in persons of nervous or sensitive temperament at an early age and without being attached to any definite causative incident. The sexual excitation is nearly always produced by the touch rather than by the sight. As I found, when dealing with the sense of touch in a previous volume, the specific sexual sensations may be regarded as a specific modification of ticklishness. The erotic symbolism in the case of these stuff-fetichisms would seem to be a more or less congenital perversion of ticklishness in relation to specific animal contacts.

**Alienist and Neurologist*, April, 1889, p. 825.

†It may be added that hair-despoilers have been specially studied by Motet, "*Les Coupeurs de Nattes*," *Annales d'Hygiene*, 1890.

‡Krafft-Ebing presents or quotes typical cases of all these fetiches, *Op. cit.* pp. 255-266.

||G. Stanley Hall, "Study of Fears", *American Journal of Psychology*, 1897, pp. 218-215.

A further degree of perversion in this direction is reached in a case of erotic *zoophilia* recorded by Krafft-Ebing.* In this case a congenital neuropath of good intelligence but delicate and anaemic, with feeble sexual powers, had a great love of domestic animals, especially dogs and cats, from an early age; when petting them he experienced sexual emotions, although he was innocent in sexual matters. At puberty he realized the nature of his feelings and tried to break himself of his habits. He succeeded, but then began erotic dreams accompanied by images of animals, and these led to masturbation with ideas of a similar kind. At the same time he had no wish for any sort of sexual intercourse with animals and was indifferent as to the sex of the animals which attracted him; his sexual ideals were normal. Such a case seems to be fundamentally one of fetichism on a tactile basis and thus forms a transition between the stuff-fetichism and the complete perversion of sexual attraction towards animals.

In some cases sexually hyperaesthetic women have informed me that sexual feeling has been produced by casual contact with pet dogs and cats. In such cases there is usually no real perversion but it seems probable that we may here have an occasional foundation for the somewhat morbid but scarcely vicious excesses of affection which women are apt to display towards their pet dogs or cats. In most cases of this affection there is certainly no sexual element; in the case of childless women it may rather be regarded as a maternal than as an erotic symbolism.†

Krafft-Ebing considers that complete perversion of sexual attraction towards animals is radically distinct from erotic *zoophilia*. This view cannot be accepted. Bestiality and *zooerastia* merely present in a more marked and profoundly perverted form a further degree of the same phenomenon which we meet with in erotic *zoophilia*; the difference is that they occur either in more insensitive or in more markedly degenerate persons.

*Op. cit. p. 268.

†The excesses of this non-erotic *zoophilia* have been discussed, Fere, *L'Instinct Sexuel*, 2nd ed. pp. 166-171.

A fairly typical case of *zoerastia* has been recorded in America by W. L. Howard of Baltimore. This was the case of a boy of 16, precociously mature and fairly bright. He was, however, indifferent to the opposite sex, though he had ample opportunity for gratifying normal passions. His parents lived in the city but the youth had an inordinate desire for the country and was therefore sent to school in a village. On the second day after his arrival at school a farmer missed a sow which was found secreted in an out-house on the school grounds. This was the first of many similar incidents in which a sow always took part. So strong was his passion that on one occasion force had to be used to take him away from the sow he was caressing. He did not masturbate and even when restrained from approaching sows he had no sexual inclination for other animals. His nocturnal pollutions, which were frequent, were always accompanied by images of wallowing swine. Notwithstanding careful treatment no cure was effected; mental and physical vigor failed and he died at the age of 23.*

It is, however, somewhat doubtful whether we can always or even usually distinguish between *zoerastia* and bestiality. G. F. Lydston of Chicago has communicated to me a case (in which he was consulted) which seems fairly typical and is instructive in this respect. The subject was a young man of 21, a farmer's son, not very bright intellectually but very healthy and strong, of great assistance on the farm, very capable and industrious, such a good farm hand that his father was unwilling to send him away and to lose his services. There was no history of insanity or neurosis in the family, and no injury or illness in his own history. He had spells of moroseness and irritability, however, and had also been a masturbator. Women

*W. L. Howard "Sexual Perversion", *Alienist and Neurologist*, Jan. 1896. Krafft-Ebing (*op. cit.* p. 582) quotes from Boeteau the somewhat similar case of a gardener's boy of 16—an illegitimate child of neuropathic heredity and markedly degenerate—who had a passion, of irresistible and impulsive character, for rabbits. He was declared irresponsible. Moll (*Untersuchungen über die Libido Sexualis*, Bd. 1. pp. 431-433) presents the case of a neurotic man who from the age of 15 had been sexually excited by the sight of animals or by contact with them. He had repeatedly had connection with cows and mares; he was also sexually excited by sheep, donkeys, and dogs whether male or female; the normal sexual instinct was weak and he experienced very slight attraction to women.

had no attraction for him but he would copulate with the mares upon his fathers farm, and this without regard to time, place or spectators. Such a case would seem to stand midway between ordinary bestiality and pathological zoo-erastia as defined by Krafft-Ebing, yet it seems probable that in most cases of ordinary bestiality some slight traces of mental anomaly might be found, if such cases always were, as they should be, properly investigated.*

Here is reached the grossest and most frequent perversion in this group: bestiality or the impulse to attain sexual gratification by intercourse, or other close contact, with animals. In seeking to comprehend this perversion, it is necessary to divest ourselves of the attitude towards animals which is the inevitable outcome of refined civilization and urban life. Most sexual perversions, if not in a large measure the actual outcome of civilized life, easily adjust themselves to it. Bestiality (except in one form to be noted later) is, on the other hand, the sexual perversion of dull, insensitive and unfastidious persons. It flourishes among primitive people and among peasants. It is the vice of the clodhopper, unattractive to women or inapt to court them.

Three things have favored the extreme prevalence of bestiality: (1) primitive conception of life which built up no greater barrier between man and the other animals; (2) the extreme familiarity which necessarily exists between the peasant and his beasts, often combined with separation from women; (3) various folk-lore beliefs such as the efficacy of intercourse with animals as a cure for venereal disease, etc.†

The beliefs and customs of primitive peoples, as well as their mythology and legends, create a community of man and animals altogether unlike anything known in civilisation.

*Moll also remarks ("Pervers Sexual Empfindung" in Senator's and Kaminer's *Krankheiten und Ehe*) that in this matter it is often hardly possible to draw a sharp line between vice and disease.

†Instances of this belief—found among the Tamils of Ceylon as well as in Europe—from various authors are quoted by Bloch, *Beiträge zur Ätiologie der Psychopathia Sexualis*, Teil 11, p. 278, and, Moll, *Untersuchungen über die Libido Sexualis*, Bd. 1, p. 700. On the frequency of bestiality, from one cause or another, in the East, see e. g. B. Stern, *Medizin und Geschlechtsleben in der Türkei*, Bd. 11, p. 219.

Men may become animals and animals may become men; animals and men may communicate with each other and live on terms of equality; animals may be the ancestors of human tribes; the sacred totems of savages are most usually animals; there is no shame or degradation in the notion of a sexual relationship between men and animals because in primitive conceptions animals are not inferior beings separated from man by a great gulf. They are much more like men in disguise and in some respects possess powers which make them superior to men. This is recognized in those plays, festivals and religious dances so common among primitive peoples in which animal disguises are worn.* When men admire and emulate the qualities of animals and are proud to believe that they descend from them it is not surprising that they should sometimes see nothing derogatory in sexual intercourse with them.†

A significant relic of primitive conceptions in this matter may perhaps be found in the religious rites connected with the sacred goat of Mendes described by Herodotus. After telling how the nedesians reverence the goat, especially the he-goat, out of their veneration for Pan, whom they represent as a goat ("the real motive which they assign for this custom I do not choose to relate"), he adds: "It happened in this country, and within my remembrance, and was indeed universally notorious, that a goat had indecent and public communication with a woman."‡ The meaning of the passage evidently is that in the ordinary intercourse of women with the sacred goat connection was only simulated or incomplete on account of the natural indifference of the goat to the human female, but that in rare cases the goat proved sexually excitable with the woman and capable of connection.||

*Sometimes (as among the Aleuts) the animal pantomime dances of savages may represent the transformation of a captive bird into a lovely woman who falls exhausted into the arms of the hunter. (H. H. Bancroft, *Native Races of Pacific*, Vol. 1. p. 98.) A system of beliefs which accepts the possibility that a human being may be latent in an animal obviously favours the practice of bestiality.

†For an example of the primitive confusion between the intercourse of women with animals and with men, see, e. g. Bona, "Sagen aus Britisch-Columbien," *Zeitschrift für Ethnologie*, Heft V. p. 558.

‡Herodotus, Bk. 11. Ch. 46.

||Dulauro (*Des Divinités Génératrices*, Ch. 11.) brings together the evidence showing that in Egypt women had connection with the sacred goat, apparently in order to secure fertility.

The goat has always been a kind of sacred emblem of lust. In the middle ages it became associated with the Devil as one of the favourite forms he assumed. It is significant of a primitively religious sexual association between men and animals that witches constantly confessed, or were made to confess, that they had had intercourse with the Devil in the shape of an animal, very frequently a dog. The figures of human beings and animals in conjunction carved on temples in India also seem to indicate the religious significance which this phenomenon sometimes presents. There is, indeed, no need to go beyond Europe even in her moments of highest culture to find a religious sanction for sexual union between human beings, or gods in human shape, and animals. The legends of Io and the bull, of Leda and the swan, are among the most familiar in Greek mythology, and in a later pictorial form they constitute some of the most cherished works of the painters of the Renaissance.

As regards the prevalence of occasional sexual intercourse between men or women and animals among primitive peoples at the present time, it is possible to find many scattered references by travelers in all parts of the world. Such references by no means indicate that such practices are as a rule common, but they usually show that they are accepted with a good-humored indifference.*

Bestiality is very rarely found in towns. In the country this vice of the clodhopper is far from infrequent. For the peasant whose sensibilities are uncultivated and who makes but the most elementary demands from a woman, the difference between an animal and a human being in this respect scarcely seems to be very great. "My wife was away too long", a German peasant explained to the magistrate, "and so I went with my sow." It is certainly an explanation that to the uncultivated peasant, ignorant of theological and juridical conceptions must often seem natural and sufficient.

Bestiality thus resembles masturbation and other ab-

*Various facts and references bearing on this subject are brought together by Blumenbach, *Anthropological Memoirs*, tr. by Bendyshe, p. 80; Bloch, *Beiträge zur Ätiologie der Psychopathia Sexualis*, Teil II, pp. 276-288; also Ploos and Bartells, *Das Weib*, 7th ed., p. 520.

normal manifestations of the sexual impulse which may be practiced merely *faute de mieux* and not as, in the strict sense, perversion of the impulse. Even necrophily may be thus practiced. A young man who was assisting the gravedigger conceived and carried out the idea of digging up the bodies of young girls to satisfy his passions with and whose case has been recorded by Belletrud and Mercier, said: "I could find no young girl who would agree to yield to my desires; that is why I have done this. I should have preferred to have relations with living persons. I found it quite natural to do what I did; I saw no harm in it, and I did not think that anyone else could. As living women felt nothing but repulsion for me, it was quite natural I should turn to the dead who have never repulsed me. I used to say tender things to them, like 'my beautiful, my love, I love you'."* But when so highly an abnormal act is felt as natural, we are dealing with a person who is congenitally defective, so far as the finer developments of intelligence are concerned. It was so in this case of necrophily; he was the son of a weak-minded woman of unrestrainable sexual inclinations and was himself somewhat feeble minded; he was also anaemic.

But it is by no means their deluded sensibilities, or the absence of women which accounts for the frequency of bestiality among peasants. A highly important factor is their constant familiarity with animals. The peasant lives with animals, tends them, learns to know all their individual characters; he understands them far better than he understands men and women; they are his constant companions, his friends. He knows, moreover, the details of their sexual lives, he witnesses the often highly impressive spectacle of their coupling. It is scarcely surprising that peasants should sometimes regard animals as being not only as near to them as their fellow human beings, but even nearer.

The significance of the factor of familiarity is indicated

*Belletrud and Mercier, "Perversion de l'Instinct Genesique" *Annales d'Hygiene Publique*, June, 1903.

by the great frequency of bestiality among shepherds, goat-herds and others whose occupation is exclusively the care of animals. Mirabeau in the eighteenth century stated, on the evidence of Basque priests, that all the shepherds in the Pyrenees practice bestiality. It is apparently much the same in Italy.* In south Italy and Sicily, especially, bestiality among goat-herds and peasants is said to be almost a national custom.† In the extreme north of Europe, it is reported the reindeer, in this respect, takes the place of the goat.

*Mantegazza mentions (*Gli Amori degli Uomini*, cap. V) that at Rimini a young goat-herd of the Apennines, troubled with dyspepsia and nervous symptoms, told him he had gone to excesses with the goats in his care. A finely executed marble group of a satyr having connection with a goat, found at Herculaneum and now in the Naples Museum (reproduced in Fuchs's *Erotische Element in der Karakatur*) perhaps indicates a traditional and primitive practice of the goat-herd.

†Bayle (*Dictionary*, Art, Bathyllus) quotes various authorities concerning the Italian auxiliaries in the south of France in the sixteenth century and their custom of bringing and using goats for this purpose. Warton in the eighteenth century was informed that in Sicily priests in confession habitually inquired of herdsmen if they had anything to do with their sows. In Norway priests are advised to ask similar questions.

(*To be continued.*)

RODONALGIA PHALANX OR PHALANGES OR FINGER ERETHROMELALGIA WITH A THEORY OF CAUSATION.

BY CHARLES H. HUGHES, M. D.,
ST. LOUIS.

A CONDITION similar to S. Weir Mitchell's erethromelalgia has several times, within the past thirty years of neurological observation, come under my notice in the hands only, and not involving the feet or lower limbs. The latest case occurring in a maiden lady markedly neurasthenic and approaching the menopause, having impressed me so forcefully as a vasomotor neurosis secondary to long standing and recurring neurasthenic exacerbations, that I have deemed it a duty to here record it.

The lady, tall, slender and light of weight for her height, not exceeding one hundred and twenty pounds, has passed through the dodging period of her menopause with occasional general flushings, etc. But the intense pain and rose-like redness confined to her fingers, with oedema and extreme sensitiveness to touch of the finger tips was, until recently persistent and continuous. Her occupation is that of a writist and copyist in an insurance office. She first came under my observation about twenty years ago with no sign of her recent trouble, but suffering from profound neurasthenia and cerebrasthenia, the result of a sedentary life and copying work in a recording office.

Cessation from her accustomed occupation, rest and treatment away from the place of her nervous breakdown then brought about her recovery. Preceding the present local, morbid manifestation, she has several times become markedly exhausted and required rest and treatment for neurotic

adynamia and insomnia. A part of her work has been to lift exceedingly heavy books of the weight of which she has often complained. Her fingers, extending to the palm of her hand, would swell and burn and become painfully sensitive, remaining so until relieved with copious Goulard's Extract and sulphuric ether bathing, a systematic laxative protoide of mercury and salol course and thirty grain doses of bromide of sodium (ter in die) with constant current galvanism for vaso-contractile effect. The finger pain was excruciating, the tactile sense extremely hyperalgesic, the tips and palmar surfaces of the fingers were roseate in color, including the palms, the dorsal aspect of the hands being also red but not so extremely so. The history of this condition and its cause convince me that these rodonalgic phalanges have been produced by prolonged neurasthenic vasomotor strain. There was no rise of temperature but a sensation of heat, of distension and pain with rose red appearance. Galen's definition of inflammation, viz, "calor, dolor, robor, tumor" was all there but the calor. There was no preceding or succeeding angio-spasm in this case. It was somewhat paroxysmal, that is, subsiding during the latter part of the day, but coming on mornings and persisting for hours, sometimes all day. No secondary oedema showed in this case, no gangrene of the finger tips. There was much accompanying neurotic dyspepsia and the lady has been much and long under neurological treatment at intervals of months and years.

The patient was extremely agitated and alarmed over her condition and the neurotic insomnia which formerly troubled her much returned, requiring nightly doses of chloral for a few nights until after she came under full bromide control. With the return of sleep and the disappearance of the local trouble she regained her mental tranquility.

This lady has a narrow shaped, rather masculine pelvis, small fourchette and cervix and vagina, a densely membranous, imperforate hymen, small chest and undeveloped mammae, scanty genital hair growth, scanty but regular menstrual flow up to the recent final cessation, no appreciable utero-vaginal or ovarian disease. An occasional ovaralgia,

alternating with transient spinalgias and cardialgias, have appeared at intervals, due I think, to long standing at a high desk, writing.

The case appears to be one of nerve strain from over brain tax and successive bereavements combined, both father and mother being dead. She has had headaches, but no periodically recurring cephalgia or migraine and has no defect of vision. I place the trouble in the vasomotor system, influenced by brain strain, where I place erethromelalgia and think the history of the case warrants the neuro-physiological location.

There has been no typical paroxysmal hysteria manifest in this woman's life and less ataxy of the emotions than is common to many neurotic women. Depressive emotions and voluntarily suppressed weepings were sometimes manifest, but never without rational apprehensive cause, in view of her self dependent position in life and the fear of becoming disabled of her occupation. Most of her neurasthenic symptoms were cerebropsychic and pointed to descending influence from cerebrum to the vasomotor centers of the medulla. The locus morbi was evidently in the brain.

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SOCIETY AND ITS DEGENERATES.

By MARC RAY HUGHES, M. D.

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IT is astounding, the rapidity with which crime life is increasing in all its branches and departments. Instead of the world growing better, it is steadily becoming a veritable Sodom and Gomorrah. The blame can be laid at no other door than our own. The terrible rush in which we live, coupled with the use of alcohol, is the foundation and the key-note to the situation, leaving in its terrible wake devastation and ruin, resulting in degenerates in all walks of life. Our whole social system is wrong, and the allurements of the so-called high society are as debased and degrading as they were during the degenerate dynasty of the soul-eaten, brain-rotted monarch Nero, who lived solely within his animal nature. Instead of our country becoming better in its onward march to the so-called higher civilization, it is receding in that respect, and shame lurks in every corner of our continent. The social evils of "High Society" are enormous and are the producers of crime directly. The way things are going now, and the terrific increase in crime, the next generation will be more completely degenerated, and so on until insanity, crime or degeneracy will be in every family, for insanity, crime, and degeneracy are all of one origin, and belong to the great family of degenerates, whose whole thought in life never passes beyond that of satisfying their animal natures, which dominate their lives.

Thus the society aspirant lives until this terrible desire for social supremacy has led him from the punch bowl at the fashionable receptions, to the gambling tables of the pseudo ultra set, where nothing less than whiskey is drunk, and the drained glasses filled as soon, or before they are quite empty. A taste and desire for stimulation becomes increasing until many, whose naturally weak brains give way to impulse, they find themselves living their unuseful lives in an atmosphere of debauchery, and living for nothing but sensual pleasures.

I could enumerate many instances where society, or the aristocracy, if you please, has caused the downfall of many who chose to worship at its infamous shrine, and I offer one of many instances; a clipping from one of our daily papers—verbatim as it appeared in its columns—showing how the extreme desire for social supremacy leads to crime:

SAYS SOCIETY LEADS TO THEFT.*

Protege of Gen. Grant charged with stealing woman's garments.

NO FRIENDS IN COURT.

Youth was member of Roosevelt party at Army and Navy game.

NEW YORK, Dec. 12.—“Your honor, I did wrong. It is next to impossible to do right here, especially if you have social inclinations.”

Macon Broome, cousin of Col. Broome, of Governor's Island, protege of Gen. and Mrs. Fred Grant, and son of former Senator Broome of Florida, made this astonishing confession in Jefferson Market Court. He was charged with larceny in taking \$125.00 worth of women's skirts and waists contained in a trunk belonging to the Princess Skirt Co. Broome had obtained employment, and thus received the trunk full of samples.

Broome was questioned by Assistant District Attorney Appleton, who conducted the prosecution.

“What was the last football game you attended?” asked the prosecutor.

**Post-Dispatch, December 12, 1905.*

"The Army and Navy game," replied the prisoner.

"You were frequently at social functions at Governor's Island and elsewhere?"

"Yes, sir."

"You have attended social functions since that date?"

HE DRANK WINE.

"I drank wine and liquors on those occasions. It is impossible to do right, especially if you have social inclinations."

"Do you mean to say that these social affairs that you attended led you to this trouble?"

"Well, I remained in an intoxicated condition, and failed to fulfill my obligations with the company with which I had negotiated."

"You have grossly violated the trust," said Magistrate Wahle, "but so far as I see, you do not come under the jurisdiction of this court."

Lawyer Mark Alter, representing Broome, assured the court that the property would be returned to the owner at once. The trunk, containing 49 skirts and 18 waists, was subsequently turned over to the skirt company.

Although none of the influential friends of Broome appeared in court, it was said that they had retained counsel for him. He said he was a frequent guest on Governor's Island, and was a football enthusiast. At the Army and Navy game, he was a member of the party of which President Roosevelt and Gen. Grant and wife were also members.

This is only one of the many instances where the weaker or more unstable of the world's human atoms (so far as brains and stability are concerned) had fallen because of thwarted desires to be among the, so to speak ultra class, which in itself simply means to the thinking mind, nothing—intellectually nothing in the majority of cases. They have the self-assertiveness of their class, and are not so free from mental impairment as the next, or middle class.

It would be useless for me to go into the details of

the whys and wherefores which place this class in its present sphere of mental and moral environment; but suffice it to say, "The idle brain is the devil's workshop," and there is nothing more true, for it is the producer of immorality and crime among the aristocracy.

Their lives are led in such a way as to be an allure-ment to the young and unsophisticated, and lead them blindly into the delusions and snares of Society, as it is termed, until the web of crime has been woven around their supple natures, and they are dragged down to the depths of degradation and ruin.

It happens that the ones who fall into the hands of the law are the ones who have not money enough to keep them out. Daily the laws of the country are violated, but it is done so behind the doors of the rich, not the aristocracy, but the pseudo-aristocracy, or the plutocracy, if you please, whose money casts a shadow over their crimes, so the "ever-watchful" eye of the law cannot see. I mention the above and have used the clipping to show that the young man's aspirations were of the highest, and above all, during his rounds of social pleasure he indulged in liquor, which I contend is the one evil, and from its use we can count more criminals than from any other source. As a producer of crime, it stands first, unless it be a lack of moral stamina, which is degeneracy itself.

THE ALIENIST AND NEUROLOGIST.

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EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

PRESIDENT ROOSEVELT ON THE PHYSICIAN.—The editor of this journal has before the American Medical Editors Association, and in our editorial columns, commended the fair and complimentary attitude of President Roosevelt toward the physician. We have also insisted on the medical profession coming forward and taking its place among the leaders of the people. It pleases us therefore to see the following editorial in the *Canadian Journal of Medicine and Surgery*, taken from the editorial pages of the *Journal of the American Medical Association*. The medical and secular press should copy this. The thoroughly educated medical man stands on the highest plane among men.

What President Roosevelt said of the medical profession in his address before the Associated Physicians of Long Island is a decided tribute. He said that "the condition precedent on success in digging the Panama canal is having the proper type of medical work as a preliminary." He spoke of the physician's character in a most apprecia-

tive way. He said, among other things: "The doctor has, on the one hand, to be the most thoroughly educated man in applied science that there is in the country, and on the other hand the doctor gradually becomes the closest friend to more different people than would be possible in any other profession." At considerable length, the President showed that he appreciates the duties, difficulties and opportunities of the scientific physician.

Referring to the task at Panama, he indicated the dependence that must be placed on medical science to make the conditions of work such that the engineers can accomplish their task. We echo his confidence that the conditions hostile to health are going to be controlled by the sanitary authorities. The alarmist stories brought by a few panic-stricken individuals must be received at their true value. The fact is that the rainy season is never a favorable one for sanitary work in the tropics, and, further, we are still suffering to some extent, it is probable, from the dilatory and red tape methods which were denounced by Dr. Reed. If Dr. Gorgas could have had full swing from the first we may safely assume that matters would be better now, as we feel sure they will be soon. There will be difficulty, especially on the Atlantic side of the isthmus, in controlling the mosquito pest, but what has been done in other tropical countries, the confederated Malay states, for example, can be accomplished even there. We feel satisfied that the sanitary authorities on the isthmus will do their full duty if untrammelled, and that the health results will be commensurate.

In expressing his confidence in the ultimate results at Panama, the President recalled the splendid example of Cuba, and paid a well-earned tribute to the effective work there of Leonard Wood. In this connection his words of resentment at the criticism to which Wood has been subjected were keen.

"There has been no meaner and more unpleasant manifestation in all our public history than the feeling of envy and jealousy manifested toward Wood." And then came a sentence pregnant with sad thought for the men of

medicine—"and the foul assaults and attacks made on him, gentlemen, were largely because they grudged the fact that this admirable military officer should have been a doctor." It is to be feared that there is herein too much truth. Why a physician should be grudged military or civil success it is not easy to reason out, but the fact seems real. Perhaps it is a popular inheritance from past ages, when medicine was not a science and when physicians were enmeshed in superstition. To what else can such prejudice be laid? Certainly the educated medical man of the present affords no excuse for such a view of his efforts. However, we need not heed it. Constantly, as we improve ourselves in education and fitness, our position is advancing. The physician of the future again will be in a rational way, the arbiter of men's fortunes. The very words of the President are a step forward, and we should be grateful to him, not for seeing our plight, but for speaking loudly his dissent from the too-prevalent anti-medical prejudice. Surely, though slowly, we are moving forward, and for every aid are grateful. Not least among our friends and appreciators stands Theodore Roosevelt.—*Edit. Jour. A. M. A.*

The present day physician's advanced research and thought entitle him to a high place in the councils of state and people. With the great forward movement made and making in the sciences that contribute to make his great profession, he can not longer be kept in the background in army, naval, civil or political life.

A doctor should have been in the President's cabinet from the time of Benjamin Rush, whose tardily erected monument in Washington is a century late recognition of one of the greatest men and patriot statesmen, and he has not yet found place in Miss Gould's Hall of Fame, where the names of so many less worthy among the conspicuous in other lines of merit, are placed.

THE AMERICAN JOURNAL OF CLINICAL MEDICINE is the new title of the *Alkaloidal Clinic* and indicates a wider development of that very popular publication. Un

der the energetic management of Drs. Abbott and Waugh and their associates, the changed journal will be sure to increase in influence and value.

THE CITIZENS OF MEMPHIS presented ten thousand dollars to Dr. Heber Jones, the health officer, for doing his duty during the yellow fever period at New Orleans in keeping the scourge out of his own city. The reward was accompanied with a pretty woman's laudatory presentation speech, concluding with a kiss.

The kiss of a sweet, motherly woman was an opportune and appropriate addition to this reward of merit for keeping our domestic yellow peril from our households, significant as it was, of woman's gratitude for the deliverance.

The one reward was substantial, the other aesthetic, and Dr. Jones ought to count himself happy for this public approval of work for the welfare of his people well done.

Medical men are not always thus rewarded. Their legitimate fees are too often grudgingly doled to them and their services and sacrifices for the public good, too often unappreciated, while less useful public servants are loudly and fulsomely applauded. Note for example the plaudits of the warrior and oft the politician receives.

A FOOL WITH A FOOLISH DINNER and dallying with sin is said to have been the ultimate cause of the greatest investigation and fraud revelations in the history of life insurance, and yet every state has one or more institutions where idiots may be safely placed beyond harm to themselves or others, all except the idiot savants of high finance, expert at planning for filling their purses and bank vaults with other people's money, but wickedly foolish in everything else.

IN VIEW OF RECENT LIFE INSURANCE REVELATIONS of enormous profits and official salaries, does not the doctor's little fee seem small and the doctor himself appear smaller still, for accepting so small a stipend. Buncoed out of a worthy recompense through the plea of charity,

his susceptible heart is won and his pocket is robbed, while robber insurance officials revel in high life, luxury and unearned wealth.

A FOOLISH CLERGYMAN.—Recently in an address to the nurses of the Oakes' Sanitarium, of Denver, an ignorant, egotistical gentleman of the sacred cloth said:

"I am heartily in favor of nurses; they do more good than the physician. But one thing in that connection which has always aroused me, is the fact that the ministers are not allowed in the sick room by the physicians. A minister can do a sick person more good than all the pills and medicines any physician ever poured down one's neck, and I want all you nurses to remember this and get us in to see the sick every time we come here."

This inelegant, ungrateful, coarse, rude, untruthful, discourteous speech ill becomes the follower of the Divine Master, who in sweetness and tenderness said, "they that are sick need a physician." The right sort of ministers are never forbidden the sick, except at times when their silence is golden for the patient's welfare. At such times the wise and considerate follower of the meek and lowly should respect the sanctity of the sick chamber and the counsels of the good physician. Such illy-considered, ignorant words come with bad grace from such a source. What would St. Luke, the good physician, as the Saviour called him, say to this false, unclerical, uncharitable indictment?

A MISCONCEPTION OF ST. LOUIS CORRECTED.—Recently before the Ministerial Alliance, a noted divine, Reverend Dr. Lee, after reading a very meritorious paper before that ecclesiastical body, received an unanimous vote of thanks.

In commenting on it the Reverend Dr. Bitting, who recently came from New York, said that when he left the metropolis he was told that St. Louis was centuries behind the times, that the ministers here still adhered to sixteenth-century ideas, and that the city lacked profound scholars. This criticism, he said, he has since learned to know, was

entirely contrary to facts.

Similar impression exists in some benighted Eastern Medical Minds respecting the medical profession of St. Louis, judging from some things said and written and omitted to be said and penned, notwithstanding some of these speakers and writers received instruction and are still so receiving from minds transported from the Missouri, Mississippi, Illinois and Ohio Valley's tributary country, to say nothing of the Rocky Mountain and Atlantic coast region savants in the medical sciences. Eminent names from the west and south and central states will readily occur to one who may seek them in the ranks of medical, scientific and literary achievement.

A NOTABLE HONOR MERITED BY A NOTABLE MAN.—George P. Rowell, the pioneer and master in the field of the art and enterprise of advertising, who has retired from the business in which he has won merited distinction, was tendered a complimentary dinner by his friends on the occasion of his active retirement from business, at the Waldorf-Astoria, on the evening of October 31, 1905. One hundred and sixty two persons participated.

The booklet containing the menu bore on its cover a portrait of Mr. Rowell, and contained the following "appreciation" of him:

"He has lived three score years, and lived them well. To be conscious of that, one need but know his enemies. Some are in high places. That demonstrates the courage of the man.

"Nature has been kind to Rowell. She has endowed him with a prolific mind, a retentive memory and a discreet optimism. They have served him well. His friends they have served better.

"Rowell has laid down his work. He is done with the burden of business. Yet his influence will gather strength with the years. Let us be profoundly grateful that he worked with us and for us—that he paved the way.

"Then here is to Rowell. If for every man to whom he has extended a helping hand, the Powers will grant

him a year of life, George Presbury Rowell will live forever."

General Stewart L. Woodford, formerly United States Minister to Spain, and a life-long friend of Mr. Rowell, presided, and many kindly and merited words of compliment were spoken of his long and fruitful career.

THE FIFTEENTH INTERNATIONAL MEDICAL CONGRESS will assemble at Lisbon, Portugal, from the 19th to the 26th of April, prox. The official language of the Congress will be French, but in the general sessions, as well as in the meeting of sections, in addition to French, English and German will be used.

The president is Conz Costa Alemao, and the secretary-general is Professor Miguel Bombarda, of Lisbon. The United States committees are Dr. Jno. H. Musser, of Philadelphia, president, and Dr. Raymond Guiteras, secretary.

The Executive Committee of the Canadian Medical Association has appointed Dr. A. McPhedran as president, and Dr. W. H. B. Aikins as secretary for Canada, to act in conjunction with the International Committees of the Congress.

THE MERIT OF AMERICAN AND EUROPEAN MEDICAL COLLEGES CONTRASTED FAVORABLY TO AMERICAN INSTITUTIONS.—Dr. Nicholas Senn's recent article published in *Collier's Weekly* makes the statement that at the present time it is not necessary for the medical student to go to Europe to complete his medical education, and quotes the following, which we accord with our observation as a travelled teacher:

"Our students waste no time in the beer gardens and on the field of honor. They come to our schools with a firm determination to master the principles and practice of their chosen profession as thoroughly as possible during their pupilage, and apply themselves to the task with zeal and devotion. The numerous hospitals that are springing up in all of our large cities secure for a good percentage of our graduates appointments as internes, where they are

given the best possible advantages for a successful post-graduate practical training. There is no longer any need for our students to cross the Atlantic for the purpose of studying medicine. A comparison between an equal number of recent graduates from our high requirement medical schools and those of Europe would unquestionably result in favor of the former. The American is intensely practical in everything he undertakes, and our methods of teaching medicine constitute no exception.

"Present indications in the field of medical education in this country do not only prove that our first-class medical schools have reached a standard of proficiency equal, if not superior, to those of any other country, but that in less than half a century our great cities will become to the medical profession what Alexandria, Athens, Bologna, Pisa, London, Vienna and Berlin have been in the past and present."

THE WAR ON TUBERCULOSIS has been revived of late by health boards, state, national and international societies, but the last word has not been said, nor the last effort been made against this life-destroying scourge. Undisinfected tenement houses continue to be occupied by the doomed families of the poor, and even of the rich, without public concern, the crowded, closed, undisinfected street car, day and Pullman railway coach, continue to carry their microbic death messengers, and the clothing and utensils of the pawn shops and the second-hand furnishing stores to conceal and sell them to whoever will buy death in apparel or furniture of bed or floor.

The real estate men, with compunction of conscience equal to the plumbers', sell consumption-infected houses and thoughtless purchasers buy them to die in. Yet it has been suspected for more than a century that tubercular consumption was contagious and proven so for more than a third thereof, and so proclaimed to all the people.

And this preeminently destructive scourge, more fatal than all the fatal fevers against which the populace quarantine, continues with but slight public molestation its deadly work, laying low from ten to fifteen per cent of the

dying of the civilized population each year. Oh! wise and innocent people that the gods thus gather you in so young on bacillian chariots for early immortality!

Among the latest and most persuasive literature to right work against the great white plague that menaces the life of civilized humanity, are the forceful addresses of George Brown and his colleagues of the reception committee, Dr. Willis F. Westmoreland and John Colmstead, before the last April meeting at Atlanta of the American Anti-tuberculosis League, and the papers in the transactions which follow these forceful presentations of the professions and the peoples' danger and duty in the premises.

Respecting the tuberculosis menace the people act as though they were "but arrows winged with fears and shot from darkness into darkness."

The skillful archery of science should shoot them back again into the light where the voice of safety calls to them in accents of sympathetic rescue of the imperilled human family.

A SADISTIC EROTOPATH has lately been stabbing many women on the streets of St. Louis and is yet unarrested. No motive save the morbid one of the gratification of an insane impulse and desire to stab women, *i. e.*, sadism has come to light. A lady, the seventh one attacked, who mistook him for a thief, not knowing that she had been cut, but missing her pocketbook, was the means of his escape, saying she would not appear against him when a number of passing young men had seized him and taken his knife, because she had not been robbed. She did not know until later that she had been cut by this sadist.

It is not known if any of the ladies attacked, thirteen in all so far as ascertained, are masochists. This subject and fetchism, especially as elucidated by Krafft-Ebing with Kiernan and Havelock Ellis in the pages of the *Alienist and Neurologist*, are subjects of much interest in connection with the pathological anomalies of morbid erotism.

THE NEGLECT OF DUTY BY PUBLIC OFFICIALS.—
" 'The Rarity of the Hadleys' and their lack of zeal in the

public service, especially on the part of prosecuting attorneys, has been so extensive, except in a few exceptional instances, that the dictum of Ex-president Cleveland that "the public office is a public trust" has fallen forceless and unheeded in many states and become so common that when a Roosevelt, Folk or Jerome or Hadley has come forward and obeyed to the letter their legal duties in the ferreting out and suppression of crime, shouts of public applause arise from the plain-suffering people."

A St. Louis city paper, the *Star-Chronicle*, makes this appropriate and significant comment on this subject, entitling the plain and legal duty doing devotees to the peoples' lawful interests, "The Rarity of Hadleys."

High praise is being bestowed upon Atty.-Gen. Hadley of Missouri because of his courage, ability and honesty in submitting the powerful Standard Oil organization to inquiry—and he deserves it all, as does any man who faithfully performs his duty.

But it is uncomfortable to realize that the sudden fame of Hadley is due to the fact that such honesty and fidelity is exceeding rare in public office.

"What Hadley is doing is no more than what every attorney-general in the United States ought to be doing.

"This is the purpose for which public prosecutors are created and paid. Their honesty and ability is presupposed, as the vital element of their qualifications.

"The extreme rarity of Hadley's and Jerome's startlingly emphasizes the fact that, as the rule, the people are getting from their public prosecutors mighty poor service.

"The courage called for is, because so rare, apt to be exaggerated.

"The attorney-general of the fifth state in the Union, in taking up the law against a trust, is no little David going out to fight a great Goliath.

"No; the attorney-general of a state, armed with the law and backed by the public, is himself the powerful figure at the head of an invincible host.

"Back of him and back of his state stand 44 other states and the United States government as well.

"It is not a question of courage so much as it is one of honesty and ability.

"And if 99 in every 100 of the public prosecutors of this country, national, state and county, are so deficient in these two qualities as to take no steps to check enormous monopolistic wrongs, what excuse have they for holding office, and what recompense has the public for their betrayal of trust?

"Hadley and Jerome loom up so magnificently because they are lone trees in a desert."

PROPRIETARY MEDICINE MEN AGAINST ALCOHOL AND NARCOTICS IN PREPARATIONS.—The following resolutions relative to the sale of proprietary medicines, intended to be used as alcoholic beverages, were adopted by the Proprietary Association at its meeting in New York:

Resolved, that this Association thoroughly disapproves of any effort on the part of any person or firms, members of this association or not, to market as medicines any articles which are intended to be used as alcoholic beverages, or in which the medication is insufficient to bring the preparation properly within the category of legitimate medicines.

Resolved, That the Legislative Committee be and is hereby instructed to earnestly advocate legislation which shall prevent the use of alcohol in proprietary medicines for internal use in excess of the amount necessary as a solvent and preservative.

Resolved, That the Legislative Committee be also instructed to continue its efforts in behalf of legislation for the strictest regulation of the sale of cocaine and other narcotics and poisons, or medicinal preparations containing the same.

Resolved, That this association urges upon its members the most careful scrutiny of the character of their advertising and of claims for the efficacy of their various prescriptions, avoiding all overstatements.

THE MEDICAL NEWS, NEW YORK, and the *New York Medical Journal* are now merged into one. Lea Bros. &

Co. will continue the publication. This is an able and powerful merger in the interests of American Medicine. Dr. Frank P. Foster will continue as editor-in-chief of the well-known journals.

THE WORLD'S WORK for January, 1906, gives a naive and remarkable personal confession, purporting to come from late senator and political boss, Matt. S. Quay, of Pennsylvania, revealing a system of political corruption, which, when fully comprehended by the people, aroused them to revolt and reform, and the choosing of a state treasurer from a party to which Quay does not belong. This event followed the indignant awakening of the public conscience and the battle and victory over corruption at Philadelphia.

"I don't mind losing a governorship or a Legislature now and then, but I always need the State treasuryship," and he always controlled it, and upon it reared the corrupt structure of his political machine. For more than thirty years the little red Colonial Treasury building that stood at the north end of Capitol Hill at Harrisburg was the real source and seat of State Government. In the stately capitol that reared its dome alongside, Governors and legislators came and went. But the power that made them, and the money that often elected them, came from that little red building. When it was torn down, the "system" moved with the Treasurer to the new building; for the system was continuous. The manipulation of State funds for political and private purposes has long been Pennsylvania's shame. It has made fortunes and unmade men. Juggling with millions has caused many tragedies, including a number of suicides. Beyond the occasional disclosures that were made when a victim died, the people could only guess at what was going on; for the smug, nicely balanced printed reports covered a multitude of financial sins.

IN MEMORIAM.

Dr. Emmet Cooper Dent was born in Macon, Mississippi, in the year 1857. He was a descendant of the Dents and Witherspoons of Maryland and South Carolina, who were prominent patriotic soldiers and statesmen during the Revolutionary period. His early education was received at the S. W. Presbyterian Theological Seminary, at Clarksville, Tenn. Later he began the study of medicine at the University of Virginia, and completed his course at the Bellevue Hospital Medical College in New York City, in 1879. His life work was the study of insanity and the care and treatment of the insane, and for this unfortunate class he sacrificed every personal interest and ambition. On January 29th, 1879, he was appointed assistant physician on the medical staff of the New York City Lunatic Asylum, on Blackwell's Island, by the Commissioners of Public Charities. He was promoted to assistant medical superintendent December 4th, 1882, and was appointed medical superintendent December 31st, 1886. On December 8th, 1886, he married Anna Lane Scott, of Mississippi. She, with two daughters, remain to mourn their loss.

Dr. Dent was active and prominent in his profession; a member of the New York County Medical Society; American Medico-Physiological Association, of which he was also secretary and treasurer; State Medical Society; Physicians' Mutual Aid Association; New York Academy of Medicine; Psychiatrial Societies, and others. He was also a member of the Lotos Club, Southern Society, and the Holland Lodge, F. & A. M.

In February, 1896, when the New York City Asylums were reorganized and placed under State care, he, with his hospital, was transferred to Ward's Island, continuing there

as superintendent of the female department of the Manhattan State Hospital. On June 1st, 1905, the two departments were consolidated by act of Legislature, and he was made superintendent and treasurer of the entire hospital, as it now exists, it being the largest and most modern of its kind in existence.

To Dr. Dent is due the credit of many advances and ideas in the care and treatment of the insane. He was noted at home and abroad as being the first to introduce and develop hydrotherapy as a means of treatment, almost to the entire exclusion of medicine; the introduction of camp life for the acute insane; the use of music, and of special diversions and amusements; advanced surgical care and treatment, and of operative procedure, especially on the female insane. He was the author of numerous articles on the above subjects. His hospital was the first to accept the more modern views in psychiatry, and has made further advance in this feature in the way of systematic investigation in detail, and in the clinical study; he, personally, giving clinical lectures on the various types and manifestations of insanity; also the organization of his staff of thirty physicians into a society for the advanced study of psychiatry. Nothing of promise toward the interest of the hospital escaped his attention; he was ever keen and alert for the welfare of the five thousand unfortunates under his watchful care. It may be truly said "he hath done what he could."

Dr. Dent died at 4:15 a. m. January 12th, 1906, from endocarditis. The funeral was held at St. Andrew's Church and was largely attended by prominent physicians from various parts of the state, and by his staff as a body. He was interred in Woodlawn.

THE ANNALI DELL INSTITUTO PASICHIATRICO DELL UNIVERSITA DU ROMA comes to us draped in mourning for its distinguished founder, Prof. E. Sciamanna, assistant physician also of this great institution of Italy.

With "sentiments of veneration and of affection" his eminent and devoted friend, Prof. A. Tamburini, pays a

heartfelt tribute to the virtues, professional and scientific accomplishments and patriotism of our lost brother in psychiatry beyond the seas. Prof. Sante de Sanctis likewise pays a feeling and worthy tribute to the deceased.

Sciamannas' work was good and great in psychiatric neurology and his contributions were many. His work lives after him and his name will be revered in medicine above his honored grave, as the name of him who sleeps on Posilipos hill, on the brow of Naples, lives in the history of letters, with whose cherished name every American academician is familiar.

More than an hundred meritorious medical monographs embellish the pages of Italian neurology and psychiatry, not the least valuable of which is his last record of experiments and conclusions on the psychic functions of the cerebral cortex, which appears in volume 4, 1905, of his own great periodical.

He died comparatively young, at the age of fifty-five years, but though his sun has set early, his light yet shines with warmth and brightens the place of his rising and setting.

Besides the monographs to which we have referred, here is more matter for monumental memorial:

Nato in Albano il 4 Settembre 1850
Laureato Nell' Università di Roma a Pieni Voti Nel 1876
Libero Docente in Neuropathologia Nel 1882
Incaricato di Neuropatologia Nel 1883
Professore Straordinario di Neuropatologia Nel 1892
Professore Straordinario di Psichiatria
e Direttore Della R Clinica Psichiatrica Nel 1895
Professore Ordinario di Psichiatria Nel 1903

Membro Dell Associazione Della Giovane Famiglia Sanitaria Degli Ospedali di Roma Nel 1881
Membro Della Società Lancisiana Degli Ospedali di Roma Nel 1881
Membro Della R. Accademia Medica di Roma Nel 1882.
Membro Della Società Freniatria Italiana Nel 1891.

Membro Della Società Geografica Italiana Nel 1892.
Membro Della Società Romana di Antropologia Nel 1893
Membro Della
Società des Medecines Neurologistes et Alienistes de
Mouscou Nel 1889
Membro Corrispondente
Della (Società de Medecine de Gand) Nel 1900.

Socio Fondatore
Dell 'Ordine Dei Medici Della Provincia di Roma
Vice Presidente Della Federazione Degli Ordini Sanitari
Deputato Sanitario Della Congregazione di Carità di Roma
Deputato Sanitario Nella Commissione Dell 'Orfanotrofio
di Santa Mario Degli Angeli
Membro Della Commissione di Vigilanza
Sui Manicomi Pubblici e Privati in Provincia de Caserta

SELECTIONS.

NEUROPHYSIOLOGY.

BIOLOGICAL THEORY OF SLEEP.—Claparede (La Presse Medicale) considers as erroneous the usually accepted conception according to which sleep is thought to be the consequence of an arrest of function, by intoxication and by asphyxia. He believes, on the contrary that sleep is a positive function, an instinct which has for its purpose arrest of functioning. It is not because we are intoxicated or exhausted that we sleep, but we sleep in order to avoid these conditions. The fact that sleep is not proportional to exhaustion is an argument in favor of this theory. Sleep may be partial. One sleeps through certain noises but not through others. Finally, the curve of the profoundness of sleep, inexplicable by the toxic theory, is in harmony with the theory that regards this phenomenon as a positive nervous function. The instinct, the reflex is provoked by numerous excitants: endogenous (condition of the blood, sensation of fatigue), exogenous (images empirically associated with the idea of sleep). The phenomenon in itself is a reaction produced by these excitants and is an inhibition which manifests itself subjectively by a lack of interest in exterior things.—*Medical Progress*.

REGENERATION OF NERVES.—Perthes describes the particulars of a case of recurring trigeminal neuralgia in which five different operations for its relief had been done. The patient finally succumbed to the progress of a valvular defect, and the autopsy revealed regeneration of the nerves where the Gasserian ganglion had been extirpated, and also after the various resections and other operations on the nerves involved. In a second case the neuralgia recurred

after a Thiersch operation on the nerve, but was abolished again by removal of the regenerated nerve. Experiments on dogs are reported which show that regeneration of a nerve was almost certain to occur after a few months, when it was merely resected, while the mere severing of the nerve, with the interposition of a gold filling between the ends of the stumps in the infraorbital canal, prevented regeneration. The experimental results observed promise good results in man from the use of a dentist's filling to plug the canal in the bone after severing or extracting the inferior infraorbital or alveolar nerve.—*Nerven-Regeneration nach Extraction von Nerven wegen Trigeminus Neuralgia. G. Perthes. Abstract by Jour. A. M. A.*

NEURONE CONTACT, ETC.—Dr. John Turner concludes from personal observations with methylene blue and peroxide that a pericellular beaded network is the great medium for establishing direct connection between the different cells of the central nervous system. A successful preparation of the frontal cortex, shows myriads of delicate beaded fibrils coursing in all directions, some of which can be traced for two or three microns as slender as neurofibrils, but usually these latter appear of a perfectly smooth contour, thus showing a true continuity between the different cells of the cortex, for not only are the intercalary cells joined together by their processes, but also form the beaded pericellular network to which they give rise, fibres passing directly into the axons of the pyramidal cells. The continuity of the nerve cells of vertebrates by means of neurofibrils appears to exist universally between the nerve cells of the invertebrates and seems to occur in all animals.—*The Journal of Mental Science.*

CLINICAL PSYCHIATRY.

LUTHER'S HEADACHE AND DELUSION OF THE DEVIL.—"Martin Luther was a strict believer in the early doctrine which taught men to hold the devil responsible for

the origin of all diseases," says Dr. Hugo Magnus in his new work entitled, *Superstition in Medicine*." "He thus expressed himself, for instance: 'No disease comes from God, who is good and does good to everybody; but it is brought on by the devil, who causes and performs all mischief, who interferes with all play and all arts, who brings into existence pestilence, Frenchmen, fever, etc.' He accordingly believed that he himself was compelled to scuffle with the devil when his physical condition was out of order. Thus, when suffering from violent headache, he wrote to the Elector, John of Saxony: 'My head is still slightly subject to him who is the enemy of health and of all that is good; he sometimes rides through my brain, so that I am not able to read and write,' and upon another occasion he said, in regard to his health, 'I believe that my diseases are by no means due to natural causes, but that 'Yunker Satan' plays his pranks with me by sorcery.'"
—*St. Louis Medical and Surgical Journal*.

TEMPLE SLEEP.—It was firmly believed by the Greeks so early as the sixth century B. C. that he who slept in a temple would be surely cured of any physical disorder. Dr. Hugo Magnus, in his new book, "*Superstition in Medicine*", says that a tablet found in the Temple of Aesculapius at Epidaurus tells us that a blind man by the name of Hermon, a native of Thases, had recovered his sight by sleeping in the Epidaurean Temple of Aesculapius. However it appears that this man Hermon had been a miserable wretch, for he disappeared without having expressed his thanks in hard cash. Naturally such ingratitude provoked the God, and summarily he blinded the thankless individual again. It required a second temple sleep before the God condescended to become helpful once more. But our tablet does not mention anything about the amount of the remuneration paid by our friend Hermon who had been twice cured of blindness, neither is this at all necessary. The miraculous tablet, even without stating the price, doubtless made sufficient impression upon the minds even of the most parsimonious of future patients.—*St. Louis Medical and Surgical Journal*.

TOMBSTONE AND CANDLE POWDERS.—Many strange cures are described by Dr. Hugo Magnus in his new book, "Superstition in Medicine." Two of the most popular remedies of early times were the powders obtained from scraping the tombstones of saints (the powder being placed in wine or water) and the charred wicks of wax candles that had been burned in a church.

"Let us listen to what Gregory of Tours has reported concerning the medicinal virtues of tombstone potions. He says, 'Oh, indescribable mixture, incomparable elixir, antidote beyond all praise.' Celestial purgative (if I may be permitted to use the expression) which throws into the shade every medical prescription, which surpasses in fragrance every earthly aroma and is more powerful than all essences; which purges the body like the juice of scammony, clears the lung like hyssop and the head like sneeze-wort; which not only cures the ailing limbs, but also, and this is much more valuable, washes off the stains from the conscience!

"This wick was pulverized, and in this manner a very powerful curative powder was obtained, which, when taken acted in a manner similar to that of the watery or vinous tombstone infusion."

NEUROPATHOLOGY.

"UNDER THE WEATHER."—In a recent book on Weather Influences, Professor Edwin Dexter, of the University of Illinois, has proved that a close connection occurs between the weather and conduct. He was led to undertake this investigation by being impressed with the remarkable fluctuations in the conduct of school children, and he seems to have proved that there is a certain relation between the conditions of the weather and the condition of the nervous system.

In his opinion the term "under the weather" as applied to a lack of feeling of normal well-being has a real scientific basis. It has long been known that the weather

has a greater or less effect on persons in good health and that in certain diseases it exerts a potent influence, but Professor Dexter generalizes from his experience in this field of investigation to show that children in school and workmen in factories are more or less influenced by the state of the weather and that they both do good or bad work according as the weather is, good or bad.

Professor Dexter has also proved that different climate has different effects at different times on the same person, and he hopes by continuing his studies to finally show more intimately than has yet been determined, the relationship between nervous diseases and proper climates.

NEUROTHERAPY.

DEATH FOLLOWING SCOPOLAMINE-MORPHINE ANÆSTHESIA.—J. C. Sexton, of Rushville, Indiana, reports in the November ult., *Lancet-Clinic* a death following the use of the new anæsthetic scopolamine and morphine. The patient, aged forty-seven years, was anaemic and had a weak heart, but otherwise presented no evidence of disease other than that for which she was operated—excessive bleeding from a uterine fibroid. She was given early in the morning a hypodermic of scopolamine hydrobromate, one one-hundredth of a grain, and morphine sulphate, one-sixth of a grain. In fifteen minutes she was asleep, a quarter of an hour later she was unconscious, slightly cyanosed, pulse 120 and throbbing, with shallow respiration, 20 to the minute; the abdominal muscles and intercostal were so rigid that it was found impossible to compress the lower chest. The eyeballs were turned up, the mouth open, and the jaw dropped. Efforts at resuscitation, such as stimulation, pain, heat, flagellation, and change of posture failed, and the patient died an hour and a quarter later. No autopsy.

RECREATION IN ITS EFFECTS UPON THE NERVOUS SYSTEM.—Dr. Williams James Herdman of Ann Arbor,

Michigan American Academy of Medicine, stated that the practical methods by which suitable recreation was to be selected to meet the requirements of special classes or individuals would vary as taste, occupation, and opportunity varied. From the complexity of occupations in which people engaged there resulted the greatest variety of channels through which the store of nervous energy was depleted. Outdoor plays and games requiring some skill, such as boating, fishing, swimming, skating, horseback riding, gardening, tool work and the like, were of much more recreative value than any of the artificial gymnastics which had no purpose nor incentive beyond the movement itself. For the brain worker the way was open to innumerable recreations, and the opportunity for choice and the possibility of varying their character at will, would make the problem of healthful living an easy one if any man would but cultivate a sufficient variety of interests, so that when one channel of activity was for any reason closed to him, as a relief from necessary work, he had but to choose another. The practical result in this was seen when the statistics of health and longevity of the brain worker and of the muscle worker were compared. The researches of Dr. Beard and others had shown that brain workers not only lived from fourteen to twenty years longer than muscle workers, but that their health was more uniformly good and their stature of larger average. When mankind was once emancipated from the conception that honest work was contemptible drudgery, and learned to recognize the pleasures and recompense it had in store when rightly apprehended, which meant that the work selected must be suited to individual capacities and tastes, and when greed and selfishness gave place to a spirit of mutual helpfulness, the problem of recreation would be solved.

OLD AGE AND DISEASE, METCHNIKOFF.—An important exposition of this subject is made by L. Lematte (*Arch. de Therap.*, December 15, 1904). Old age is a sort of disease allied to the changes that accompany atrophy. The same connective tissue scleroses that occur in old pec-

ple are also found in the various chemical intoxicants (e. g., alcohol and lead). The bacilli of tuberculosis and leprosy may produce a brittleness of the bones which is similar to that which is the result of senility. Old age is not the result of excessive use, but is an expression of a slow auto-infection. In the intestine is to be found the culture medium for those germs whose toxins are the source of senile atrophy. It is well known that birds have a longevity which is greater than that of the majority of mammalia. This is attributed to the fact that birds have no large intestine, in which hordes of bacteria may flourish. Even in old age birds preserve their youthful appearance and agility. The intestinal parasites secrete toxins which in some cases cause a destruction of hemoglobin and red blood cells, sometimes poison the nervous centers, and sometimes cause an ulceration of the intestinal mucosa. It has been found that the lactic acid bacillus is a redoubtable foe of the putrefactive microbes. Moreover, a lactic acid ferment which is found in Bulgaria seems to be more active than those of other countries. Metchnikoff discovered this ferment in a preparation of milk consumed in large quantities by the Bulgarians, who are reputed for their longevity. It is suggested that this ferment be used in medicine. It precipitates casein, which it also partially digests, which fact explains the ease with which "Bulgarian milk" is digested. The lactic acid ferment found in this preparation of milk continues to live in the intestine, where it destroys unfriendly bacteria. This milk, containing the pure bacillus, has the consistency of white cheese. It has an agreeable, acidulous taste and contains neither alcohol nor carbonic acid. It is well tolerated by dyspeptics. It is indicated in fermentative dyspepsia. Inasmuch as Pawlow has shown that the organic acids are the best excitants of the intestinal digestive juices one may regard this form of milk as an excellent intestinal tonic. It may replace ordinary milk in the fetid diarrheas of typhoid fever and enteritis. The peculiar ferment in the Bulgarian lactic acid bacillus splits up sugar into products which are harmless to the cells. It has been tried in the treatment of diabetes, with the result that the

amount of glucose in the urine was diminished by two-thirds. Possibly this ferment may replace the distastes of yeast cells and of raisins used in the treatment of microbic dermatoses. Bulgarian milk may be a useful adjuvant in the forced alimentation of cases of cancer and tuberculosis, used either alone, or mixed with yolk of egg, beef powder, etc.—*La Tribune Medicale, in Journal Med. and Science, Maine.*

BLUE LIGHT ANAESTHESIA.—This subject has again been brought to the fore by some investigations of Dr. Harry Hilliard of the Royal Dental Hospital, London, who finds that a limited anæsthetic effect can be produced by blue rays. It is suggested as a calmative in nervous insomnia, the restlessness of children, in mania, etc.—*Weekly Medical Review.*

CLIMATE FOR THE AGED.—The early months of the year in the higher latitudes of our country are usually marked by such unfavorable climatic conditions that it is wise to consider what disposition should be made of those who may be fortunate enough to be able to escape from the malign condition which usually prevails. The tubercular, the neurasthenic, and the subjects of senility are the classes which perhaps are most affected by climatic conditions. The former two classes may, however, be fairly well attended to in any climate, but the death-rate in the aged always appears to bear a direct relation to the vileness of the weather, and it may not be amiss at this time to consider what should be done with elderly people who have the ability, though seldom the inclination, to go where they will.

One great difficulty the clinician will encounter will be that of convincing people that they are growing old. A man is as old as he feels and a woman as old as she looks, are convictions which have so deeply impressed themselves in general conception that it takes no little ingenuity to modify such well accepted beliefs. Old age is not a disease, it is a simple atrophy in which the capillaries

wither, so that many of the tissues are ill supplied with blood. We may or may not accept the doctrine of Metchnikoff, but care and age come unawares, and the glands which should manufacture the vital fluids gradually lessen in efficiency until decrepitude in mind and body become dull, dead certainties. A recent writer has decided that what he calls a "relaxing" climate is the most favorable to old age and conducive to the amelioration of the peripheral weakening of the capillaries. He compares a climate of warmth and comfort as resembling in its effects a warm but light overcoat. It clothes the shivering body, the warm and moist air bathes and soothes the pulmonary mucous membranes and lessens the tendency to bronchial affections, and these after all, are among the chief causes of the demise of many whose continued presence is still desired on earth. By keeping the capillaries of the skin in a state of gentle dilatation the work of the kidneys and of the heart is much diminished, and the general comfort and well-being of the body is much augmented.

Fortunately this country is well supplied with suitable climates for elderly people. Warm, relaxing temperatures pervade a large portion of the South. Cuba and Porto Rico are places in which Americans may feel at home. California with her Mediterranean shores will never fail to give comfort and satisfaction to those whose weakened capillaries need the light top-coat of a mild climate.
—*Medical Age Editorial.*

The climate for the aged is not only one that favors open pores but one congenial to the mind in attractive environments. Climate may be substituted for the aged by porous woolen garments covering feet and head during the night time, while in bed, even in the homes of the aged if other artificial heat arrangements are satisfactory.

PATHOLOGY.

THE FIRST AUTOPSY IN MONTREAL.—In the description in "Hakluyt's Voyages" of the travels of Jacques Cartier, is found the following, which describes the earliest reported autopsy performed in this city. It took place in

1535, when the winter was passed in Hochelaga and many of the crew died of an epidemic disease.

"That day Philip Rougement, borne in Ambroise, died, being 22 yeeres olde, and because the sicknesse was to us unknowen, our Captaine caused him to be ripped to see if by any means possible we might know what it was, and so seeke meanes to save and preserve the rest of the company: He was found to have his heart white, but rotten, and more than a quart of red water about it; his liver was indifferent faire, but his lungs black and mortified; his blood was altogether shrunke about the heart, so that when he was opened great quantitie of rotten blood issued out from about his heart; his milt (spleen, ED.) toward the back was somewhat perished, rough as if it had bene rubbed against a stone. Moreover, because one of his thighs was very blacke without, it was opened, but within it was whole and sound, that done, as well as we could, he was buried."—*Montreal Medical Journal*.

CLINICAL NEUROLOGY.

ESSENTIAL AND PAROXYSMAL TACHYCARDIA.—The following sensible view of this subject is presented by J. J. Morrissey in *Medical Record*, December 2, 1905:

Tachycardia may be classed under two heads, namely, essential and paroxysmal, and this classification may be subdivided into true and false. The true tachycardia, according to the author, finds its best illustration in permanent disease of the cardiac musculature; the false may be produced by causes far removed from the heart. There are certain definite peculiarities which distinguish true tachycardia from the evanescent "heart hurry" so frequently produced by the most trivial causes. (1) The attack is sudden in its onset, reaching its height almost immediately; (2) the patient may or may not be entirely unconscious of the great degree of palpitation; (3) there is generally a definite period covered by the attack; (4) the reversion to the normal condition is as sudden as the

onset, the vestiges of the storm through which the patient has passed rapidly disappearing. He then discusses the various forms of these types, and describes several cases which illustrate the difference in origin which may be exhibited. For example, one case was produced possibly by myocardial degeneration, and another by profound shock to the nervous system. In one case in which digitalis appeared to be of no avail, the fluid extract of convallaria majalis in five-drop doses, four times a day, seemed effective.

He concludes by saying that the treatment of tachycardia is that of the condition from which it arises, or with which it is associated; but we must remember (1) that essential tachycardia is not accompanied with indigestion; (2) that paroxysmal tachycardia and the forms of tachycardia accompanied by signs, no matter how slight, of Basedow's disease, are very frequently associated with dyspepsia; (3) that extreme cardiac arrhythmia frequently occurs without any indication of stomach disease; and (4) that tachycardia in its various grades is, however, often but a symptom, a prominent expression of a neuropathic state, which requires to be approached for treatment from many sides.—*Abstracted by M. A. Brown in Cin. Lancet-Clinic.*

THE REFLEX OF THE TENDO ACHILLIS.—There are four kinds of foot-clonus: (1) True (pathologic) foot-clonus, occurring as an unequivocal sign of organic nervous disease, and distinguished by the rapidity and regularity of the clonic movements; by its occurrence with the relaxation of the muscles of the leg; by its cessation with the arrest of the exciting upward pressure. Imperfect foot-clonus, similarly marked, has the same significance. (2) True (physiologic) foot-clonus, observed in normal persons, distinguished by the necessary accompaniment of tension of the muscles of the leg. (3) True (reflex) foot-clonus, occurring in association with chronic disease of the ankle joint. (4) False foot-clonus, occurring in functional nervous disorders, distinguished by irregularity of the movements, or by continuance of the vibratory movements after removal of the exciting upward pressure, so that the vibration becomes a spontaneous tremor.

If we are able to determine clinically the enfeeblement, absence or exaggeration of one ankle-jerk, or of both, what conclusion can be drawn from our observation?

For practical clinical purposes, it may be asserted that functional nervous conditions have no effect upon the reflexes in themselves, or in any event, no effect that can be utilized for practical medical purposes. Therefore, actual enfeeblement or absence of the ankle jerk tells us that there is an impediment of interruption in the reflex arc concerned, so that nervous energy passes through it feebly or not at all. As far as known, there is but one other cause for diminution or loss of a deep reflex: Complete solution of continuity of the spinal cord above the level of the point where the reflex arc passes through the spinal cord (Bastian).

If we have found a true ankle-clonus, we know that the reflex is intact. Exaggeration of the deep reflexes is caused only by disease or lesion implicating the motor tracts that lie wholly within the central nervous system. Therefore, pathologic ankle-clonus proves that at some point above the spinal center of the ankle jerk there is an actual organic lesion of some kind, implicating the fibers of the cerebro-spinal motor path that are related to the spinal motor centers controlling the muscles upon which the ankle-jerk depends.

Since these statements are true of all deep reflexes, we may make the following general rule:

Loss of deep reflexes proves the existence of organic disease of the reflex arc: exaggeration of deep reflexes proves organic disease of related cerebro-spinal motor paths.

WE LEARN from the *Muenchener Medizinische Wochenschrift* that Kiolemenogion and Von Rube claim that the *spirochæta pallida* is found in other lesions than those of syphilis and is in fact not a pathognomonic sign of lues. They claim to have seen and observed this bacterium in the discharge in a case of Phimosis. They have also observed it in the pus from a gonorrheal abscess. The discharge of balanitis has also revealed its presence. It has

been seen in the pus from a dermatic abscess in a case of scrofula. Furthermore it has revealed itself in the products of degeneration of suppurating cancer. And finally in the tissue juices from condylomata acuminata. In order that there may not be a suspicion of mistaken observation these authors state that, in all these cases, they have also found the spirillum refringens. So that, taking all the evidence so far furnished we are almost in the condition of *status quo ante*.—*Editorial December, 1905, St. Louis Medical & Surgical Journal*.

NEURASTHENIA AMONG THE WORKING CLASSES.—Leubuscher and Bibrowicz give the results of an interesting study of neurasthenia as found among 1,564 patients belonging to the various mechanical trades. Almost one-third of the patients were either compositors, carpenters, locksmiths or mechanics, the others belonging to such a diversity of trades that definite percentages could not be calculated. The typesetters and carpenters together comprised 25 per cent of the total number, the former workers being apparently the most prone of all to neurasthenic disorders. The authors believe that neurasthenia is rapidly growing in prevalence among the working classes, and that it is the workmen of the better types who are the most susceptible to it, owing to the spirit of unrest and dissatisfaction that prevails among them. The disease is most serious as an obstacle to work during the ages from twenty-five to forty-five years, that is the period of greatest activity. The prophylaxis of course involves very far reaching questions of sociology and the treatment is best carried out in suitable institutions. Sanatorium treatment offers the greatest prospect of a permanent cure as well as of immediate relief to the symptoms, and therefore the erection of such establishments for the masses is strongly to be urged.

ACROMEGALY.—D'Orsay Hecht, Chicago (*Journal A. M. A.*, November 4), reports a case of acromegaly in a young woman aged twenty-four, which is of interest in presenting a family history of tendency to malignant dis-

ease. There were persistent headaches since childhood and the appearance of the acromegalic symptoms followed severe mental strain and typhoid fever. The headaches were unrelieved by glasses which had been worn for ten years for myopia, and the pupils presented the anomaly of being small and unaffected by light, accommodation or mydriatics. This prevented the thorough examination of the fundus, which, however, apparently showed no peculiarities unconnected with the existing myopia.—*M. A. B. in Lancet-Clinic.*

A VERY CURIOUS FORM of epilepsy occurred among the soldiers returning from South Africa. Over 2,000 were caused by the violent detonations of modern fire arms, particularly cannons and by the explosions of lyddite shells.

TORTICOLLIS HYSTERICUS.—J. Kollarits (Deut. Zeitschr. f. Nervenheilkunde, Bd., xxix, 1905) states that the psychogenic origin of spasmodic "wryneck" has hitherto failed to secure sufficient consideration. Three cases are reported in full and reference is made to three others previously described by Prof. Jendrassik. The author's conclusions based upon a study of these cases, are:

1. That every spasmodic torticollis consisting in tonic or clonic muscle spasms is a mental torticollis.
2. That mental torticollis is a symptom of hysteria and may occur as monosymptomatic hysteria without other symptoms.
3. That the therapy of this symptom of hysteria can only be by suggestion and that surgical procedures should never be employed.—*Excerpt by Graves Weekly Med. Review.*

EYES AND EARS THAT MIGHT BE SAVED; AN APPEAL TO THE GENERAL PRACTITIONER.—Samuel S. Wallian (*Medical Record*, January 6, 1906) says that patients suffering from atrophy of the optic nerve or loss of the special senses, should be under the care of the general practitioner, because these subjects are with few exceptions, the victims of some form of dyscrasia. This may be from accident,

from constitutional or specific infection, or from one or more bad hygienic habits. Nearly all of them are badly nourished, usually in the sense of being injudiciously fed. The general practitioner can temporarily ignore the local trouble and investigate the general and special condition of the patient's entire organism. The author discourages the use of mydriatics or repeated ophthalmoscopic examinations once the diagnosis is made. The proper dietary is described at length. The food should be rich in phosphates and should contain much refuse. The husk of the grains, especially of wheat, fulfills both requirements. Drinking large amounts of distilled water is also recommended. Turkish baths, especially with the electric cabinet instead of the ordinary hot room, are useful, and alcohol and narcotics must be prohibited. Drugs are of little use; the iodides are usually disappointing, but cataphoresis and external applications may be used with more assurance. To arouse the dormant, debilitated nerve the violet ray, high frequency current, and mechanical vibration are of service, but their use requires careful analysis of each case.

NEURITIS ACUSTICA FROM INFLUENZA.—Alt (Austrian Otol. Soc.) describes a neuritis acustica from influenza. In the second day of the disease facial paralysis occurred, and on the third day tinnitus, severe dizziness and deafness on the side of the facial paralysis. Eye-grounds normal. The hearing was that of a labyrinth affection, high notes being better heard than low. (This statement must be a typesetter's error overlooked by the proofreader.—J. E. S.) Sugár (*Arch. f. Ohrenh.*, Bd. 49), describes for the cerebral form of influenza a special ear complication, viz., suddenly occurring deafness, great dizziness, and pain in the temporal region. He accepts either hemorrhage into the fourth ventricle, in the sense of a polio-encephalitis hemorrhagica superior acuta, or rather, and to this view he inclines, a hemorrhage into the labyrinth, especially in the preponderating, one-sided, ear affections. Influenza otitis has shown various manifestations; Knapp reports a stubborn, repeatedly recurring and very profuse suppuration; Scheibe, a bulb thrombosis, showing that the influenza bacillus is

dangerous, being prone to cause necrosis and to attack blood vessels. Goldstein describes a special symptom—complex, intense, deep-seated pain in the ear, radiating to the temporal region, rapid swelling of the mastoid region, profuse serous secretion from the tympanic cavity, along with dizziness in persisting hemicrania.—*Sheppard & Lutz, report on Prog. in Otol., Brooklyn Med. Jour.*

BRIGHT'S DISEASE IN HIGH OFFICIAL CIRCLES AT THE NATION'S CAPITAL.—Macdonald (*Jour. A. M. A.*) says that the strenuous life, excessive mental activity and the corresponding degree of physical quiescence and years of overindulgence in rich foods, with the associated high blood pressure, are the essential causes which render Bright's disease frequent in the high official circles at Washington. In conclusion he emphasizes the following facts: Unemployed food products become toxic irritants and menace the structural integrity of the kidneys. Man is an organism built round an eliminative system; when that is abnormal he can not be normal. When the balance between ingestion, metabolism, and elimination is absent, danger is present. Apparently nutritional excess is the germ of nephritis. Mental activity and physical quiescence aid in its production. Carking care and the corrosive influence of worry and mental strain render prominent aid in producing it. It is prone to attack the intellectual and the anxious. Alcohol, while offering it encouragement, has been given a too conspicuous place as a causative agent. It is an extremely insidious disease, and is often well advanced when discovered. It is so far-reaching that its first noticeable effects may be visited on organs and tissues remote from the original disease. The conditions which lead to it are quite amenable to correction if efforts are made sufficiently early. It occurs somewhat frequently at the nation's capital because the congregation of eminent public men means a concentration of worries, wealth, and official feasting.

THE NEUROTIC CHARACTER OF ENURESIS.—An especially sensible editorial appears in *The Medical Era* of St. Louis by its able editor, S. C. Martin, M. D., Professor

of Dermatology in the Barnes Medical College, from which we extract in part:

“The neurotic phases of incontinence of urine in children seldom receive the attention their importance deserves. Instead of being regarded as supreme factors, they have been pushed aside to make room for the theory of muscular atony of the sphincter vesicae and other organic lesions. This largely accounts for the numerous failures of treatment which daily confront the physician. More attention should be paid to the instability of nerve centers in childhood, to impoverished blood with consequent malnutrition, and lastly reflex irritations from a great variety of causes. The nervous mechanism of micturition is somewhat complex. There is a urination center in the spinal cord which is to a certain extent under the control of higher centers in the brain. From these centers inhibitory control is exercised. Micturition is therefore largely under the control of the will. This will in infants up to the second year is in abeyance, thus incontinence of urine with them is a normal condition, and we can readily understand that many factors may render this normal condition in the very young infant, abnormal, in the child who is just beginning to exercise the will.

In nocturnal enuresis, which constitutes more than half of the cases, the urine is discharged in a full stream, and is usually passed during the first hours of sleep, when sleep in the child is most profound. Under such conditions, reflex irritation from a distended bladder makes no impression upon the brain, and the unconscious higher brain centers fail to exercise inhibitory control over the urination centers in the spinal cord. If a reflex irritation from the bladder is not perceived by the brain, spasm of the detrusors urinæ, which often occurs, will easily overcome the sphincter muscles, especially when free from inhibitory control, and the involuntary discharge of urine follows. The reflexes most frequently identified with enuresis originate in genital, vesical, or rectal irritations. For example, phimosis, preputial adhesions, vesical lithiasis, an excess of urates or phosphates in the urine and ascarides, are factors that must be duly

considered in the study of this disease. Hereditary influences of a neurotic character must be taken into the account, also habit, sometimes play an important role among the various factors of this troublesome affection. Whilst enuresis is mainly a neurosis, it is nevertheless in the majority of cases associated with marked nutritive disturbances. Where there is no special evidence of mal-nutrition, the metabolism of the sensitive nerve cells is more or less disordered.

It is impossible to recognize all the morbid phenomena connected with this disease, but it is the duty of a physician to investigate carefully the history of each individual case and ascertain as far as possible all of the factors which exert a predominating influence over the course of the disease. We should discover whether the incontinence is nocturnal alone, diurnal alone, or both nocturnal and diurnal, and also whether the intervals between the involuntary discharges of urine are short or long. Sometimes the little patient will soil the bed every night, but in mild cases, once a week, or even at longer intervals. To treat a case of this kind successfully it must be thoroughly studied before treatment is commenced, otherwise success will be at best, partial and transient. With the discovery of causes and their prompt removal, the difficulties in the way of a cure are gradually lessened until the case is simplified to such a degree that spontaneous recovery follows or very little further treatment will be required. Two of the most common factors in this disease are excitability of the nerve centers produced by heredity and age, and anemia, with resulting mal-nutrition increasing the excitability of the nerve centers and reflex irritation. In about 80 per cent of the cases, anemia is a marked feature. A diminution of healthy blood in the body always unbalances the functions of the nerve centers.

PREVENTIVE PSYCHIATRY.

INCIPIENT INSANITY.—Dr. J. T. W. Rowe, in an extremely important paper (*N. Y. Med. Jour.*, June 3, '05) urges upon the general practitioner the necessity of diagnosing incipient cases of insanity to the end, in the first place, that many cases may be cured which would otherwise progress to a degree beyond hope of mental restoration; and, in the second place, that by this means may be relieved to some extent at least, the congestion which exists in our dreadfully overcrowded public institutions for the insane. It is the general practitioner, not the alienist, with whom lies the remedy, with regard to both these conditions; and Dr. Rowe rightly emphasizes that the former has oftentimes been shamefully neglectful of the proper medical treatment for mental sufferers prior to their commitment to a hospital for the insane.

The physician will find scores of incipient cases in his daily rounds whose progress he can arrest; it is his duty to minister to a mind diseased at least as much as in any other phase of his professional work. He should have a better knowledge of the nature and phenomena of mental disease than generally obtains.

There are many cases showing toxemia following abeyance of function, the result of too close application and overwork amid unsanitary surroundings; such cases, taken in time, will unquestionably respond well to treatment. There are yearly hundreds of such cases committed to asylums, "a large portion of whom have the conviction that they need never have been certified as lunatics had they received timely medical advice in the stage of incubation, and their functions and physical condition bear them out in their lamentable statement of neglected health." The home and not the asylum is the proper place for neurosis or exhausted states due to neglect or lack of medical care; imagine the effect upon the psychism of such cases when placed among pronounced lunatics of dangerous or suicidal or maniacal or like tendencies. The family practitioner sees or should observe departures from

health in a hundred forms; it is his opportunity to check untoward symptoms; to give sound advice; to consult with relatives; to treat declining bodily health. In these days of the strenuous life a large number of both old and young are to be found on the verge of physical and mental breakdown. "They dare not give in, for the pace has been set and they strain every nerve to respond to the demands made. The laborer in his ignorance of the laws of nature, sweats in the darkness. The workers in the factory and the slums; the professional man overconfident in his intellectual powers and well ordered nervous system; the lad at school weighed down by too close application and not enough open air exercise; the shy, retiring boy just yielding to evil inclinations; the worried business man and father bearing a heavy load and seeing no way of lightening it—all these patients are very near the border line of mental affection and this is the very time when proper medical advice could avert disaster." Many such could be taken from their work and sent to the sea or the mountains; they might "do half time;" and the physician could see them every day if need be. The neurasthenic; the alcoholic with his fleeting delusions; the railroad man, fearing that his "nerve" is failing him; the mother at the climacteric; the young girl with ungratified longings and hypochondriasis; those whose sleep is broken and who begin to hear voices at night; such phases typify the periods of initiation and incubation; "they are the varieties of ailments becoming insanity." They generally require but a few days rest in bed with a little medical care; and early diagnosis is manifestly essential.

Thirty per cent of admissions to hospitals for the insane are due to neuroses, drug and drink habits, toxemias of adolescence and states incident to menopause. The in-

clination to send to the medical certifiers should be resisted to the last; an asylum is not by any means the only solution of the problem here indicated. Few among these sufferers require such extreme measures as are implied in institutional treatment.—*Medical Times*.

This is in a large measure true, but many patients will not secure timely medical advice for toxemic states and neurasthenia that precedes and are precursory to oncoming insanity.—ED.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

THE ERA KEY TO THE U. S. P.—A complete list of the drugs and preparations of the United States Pharmacopeia, eighth Decennial Revision (1905). Vest pocket size, 83 pages, price 25 cents. *The Pharmaceutical Era*, publishers, New York.

A new edition of the well-known "Era Key to the U. S. P." is before us. Its purpose is to introduce and encourage the employment of official drugs and preparations of the Pharmacopeia. The book gives in vest pocket size all the essential information required by the physician on the subject of officinal remedies, including doses in both metric and English systems.

W. B. SAUNDERS & COMPANY, of Philadelphia, the widely known medical publishers, send out an unusually attractive illustrated catalogue of their complete list of publications. This catalogue shows a list of authors of leading American and foreign authorities in every branch and specialty of medical science.

This firm keeps in close touch with the profession and anticipates its wants well in the books it publishes.

AROUND THE WORLD VIA INDIA.—A Medical Tour by Nicholas Senn, M. D., Ph. D., LL. D., C. M., Professor of Surgery, University of Chicago, Professor and head of the surgical department Rush Medical College, Surgeon-in-Chief St. Josephs Hospital, Attending Surgeon Presbyterian Hospital, Surgeon General of Illinois, Lieutenant Colonel and chief of the operating staff with the army in the field during the Spanish-American War, etc.

Dr. Nicholas Senn gives an interesting and highly instructive account of his travels around the world, and especially of India and Molokai, in this pleasing book. His tribute to the heroism, christian charity, self-sacrificing devotion, and courage of Father Domien, who died a leper to be resurrected a saint, is beautiful and well merited.

Dr. Senn's incidental descriptions of leprosy are life-like and his plea for a United States Government bacteriological laboratory at Hawaii are pertinent and forceful, reminding us that "Little Japan" has preceded the United States in this humane and scientific movement.

The physician and surgeon will be interested in the great progress shown in this book of the Australian, Ceylon and Indian Government hospitals, and in the people, plant and tree peculiarities of these interesting countries, as well as his portrayals of the personnel and merits of the members of our profession there, besides the descriptions of Hindu architecture and Hindu institutions, priests, women, dancing girls, snake charmers, etc., and in Calvettes anti-venom and the work of the Parel Laboratory, as Dr. Senn writes of them. The Singhalese men and women are invested with much interest by the doctor also, and cremation and the Parsee people are likewise vividly portrayed. Altogether this interesting book of travel will entertain from title page to finis, not only the eminent doctor's friends, for whom it has been especially written, but will benefit and entertain all who may read it.—*American Medical Association Press, Chicago, Ill.*

CRIMINAL RESPONSIBILITY, by Charles Mercier, M. B., F. R. C. P., F. R. C. S. Lecturer on Insanity at the Westminster Hospital Medical School and at the Medical School of the Royal Free Hospital: Author of "The Nervous System and the Mind," "Sanity and Insanity," "Lunatic Asylums, their construction and management;" "Lunacy Law for Medical Men," "Psychology, Normal and Morbid," "A Text-book of Insanity," Etc., etc.

The author being well and favorably known in the domain of alienism and psychiatry, needs no special introduction to the readers of the *Alienist and Neurologist*. The author's clinical experience conforms to Esquirols' criterion of alienistic competency, viz: he has lived with the insane as an asylum chief physician.

After noting the fact that perceptible delusion is no longer the sole criterion of insanity, he notes that delusions of exaltation, depression and persecution as most apt to influence conduct and to prompt to criminal acts.

The many questions and conditions of irresponsibility coming before the mind of men accustomed to discriminating study of mental diseases and mental defect, and to draw right lines of demarkation between these states of mind and soundness and insanity for the edification of courts and juries, are well presented in this valuable book.

These features, together with the records given of historical cases and legal procedures, make the book one of inestimable value to the student of criminal responsibility and of irresponsibility by reason of disease misdirecting the movements of the mind.—*Oxford, at the Clarendon Press, 1905.*

THE MANAGEMENT OF THE NERVE PATIENT, by A. T. Schofield, M. D.

The book is a sequel to other books by the same author on similar subjects to the present one, viz: *The Unconscious Mind*, *The Force of Mind* and *Unconscious Therapeutics*. It is published by the Blakistons, of Philadelphia, in their usual attractive style. The aim of the author is to exhault the *vis medicatrix naturae* in medical practice, which he regards as but a synonym for the unconscious mind. Besides giving his own emphatic views as to the value and nature of the *vis medicatrix naturae*—"in other words, the unconscious mind," the author quotes from many eminent authorities, among them Dr. Osterlain's *Medical Logic*, Fichte, Wilkinson, Churchill's *Force of Mind*, Sir James Paget, Henry Gawen Sutton, and others high in

authority in the profession, including Mitchell Bruce, Sir J. C. Brown, Forbes, Morrison and Quain to sustain his contention, that disease is largely helped in its cure by mental influences acting upon the conscious mind and the subliminal consciousness, as well as by the more "natural" resources of the *materia medica*. The *British Medical Journal* is also quoted in support of his contention. He quotes Brudenal Carter approvingly in what he called the treating of the patient and not the cure of the disease. Quoting from the *London Lancet*, he says: In disease the therapeutic value of faith and hope, though not in our textbooks, is often enough to turn the scale in favor of recovery. Thoughts of similar tenor run all through the book, making a volume well worth the consideration of the careful clinician. The concluding portion of the book is devoted to a more material therapy.

We would have been pleased to have seen a discussion in this book of the relation between unconscious mind and phagocytosis in the case of disease.

PSYCHIATRY—A TEXT-BOOK FOR PHYSICIANS, by Stewart Paton, M. D., Associate in Psychiatry, The Johns Hopkins University, Baltimore, Director of the Laboratory, The Sheppard and Enoch Pratt Hospital, Towson, Maryland. J. B. Lippincott & Co., Philadelphia and London.

The great increase of knowledge concerning those morbid conditions of the human body commonly but erroneously described as mental diseases, and the resulting improvements made in recent years in the methods employed in the investigation and treatment of them, is in part urged by the author as justifying the publication of this entertainingly and instructively written book.

The author considers it to be the most imperative duty of the state and institutions of learning to encourage, in every possible manner, the prosecution of studies which promise to result in the determination of the sources of rational thought and action. The author thinks it is evident that the main burden of the work must be borne by the medical profession, from whose ranks must come the

leaders of any movement which has for its object the prevention and cure of the diseases characterized by defective or perverted functioning of the brain.

His main object is to call attention to that aspect of psychiatry which is in accord with the results of observations as they are conducted today at the bedside and in the laboratory, and while presenting the different views of leading authorities in a manner readily to be comprehended by students of this important branch of medicine, to stimulate to greater activity the interest in the investigation of problems, in the solution of which will be found the means of increasing the brain power of the nation.

In the first chapter he dwells upon the importance, scope and methods of modern psychiatry, in the second, on the nature of the disease process in alienation and its relation to the pathological changes. Then follows a description of the symptoms of alienation, the methods of examination of patients, including examinations of the cerebrospinal fluid, the treatment of cases of alienation, a description of the modern hospital for the insane, a statement of the general causes of insanity, the principles concerned in the provisional clinical grouping of mental diseases, mental anomalies, the result of defective development of the central nervous system, psychoses which are probably in part the result of autointoxication, psychoses the result of chronic intoxications, psychoses associated with imperfect functioning of the thyroid gland. He describes the maniac depressive group, the dementia praecox group, the dementia paralytic group, the epilepsy group, the hysteria group, neurasthenic and psychasthenic states, psychoses associated with organic disease of the central nervous system, brain tumors, arterio-sclerosis, cerebral hemorrhage, thrombosis, multiple sclerosis, syphilis, the paranoia group, the senile group, psychoses connected with the period of senile involution, states of excitement and depression, paranoid states and senile dementia.

The work is clinically instructive physiologically, pathologically and philosophically analytic, and well and appropriately illustrated. It will interest and instruct the

student, the general practitioner, the lawyer, the divine and priest, as well as the alienist and neurologist and general literateur. The literary writer of the day, especially the newspaper and magazine editor, would find many subjects in this and similar works, which he should know in order to speak with the highest general intelligence to the public.

The chapter on neurasthenia and psychasthenia is especially commendable.

HANDBOOK FOR ATTENDANTS ON THE INSANE.—With an appendix giving the regulations for the training and examination of candidates for the certificate of proficiency in nursing, of the Medico-psychological Association of Great Britain and Ireland. Fourth edition. Reprinted with revised regulations. Published by the authority of the Medico-psychological Association. W. T. Keener & Co., Chicago.

This is a highly instructive book in many ways, carefully and competently prepared by the authority of the Medico-psychological Association, of Great Britain and Ireland, and introduces the reader to the kindergarten of psychiatry. Besides the very complete instruction it gives as to the proper care and nursing of the insane, the book being designed especially for insane hospital nurses or attendants, as we call them in this country, it gives a great deal of valuable preliminary anatomical and diagnostic information, tersely told, to aid the nurse in understanding the patient, and in intelligently communicating with the doctor and in warding off possible serious homicidal, suicidal or otherwise grave accidents.

The book may be read profitably by medical students, especially such as contemplate taking a special interest in psychiatry. In fact it will prove a source of profitable instruction to the average general practitioner of medicine, who usually knows too little of the insane and how they should be managed. The careful reading of this book by general hospital physicians and nurses would prevent many fatalities, such as occur in general hospitals from neglect of the precautions in it.

We commend this handbook, not only to all insane hospital nurses, but to all hospital and private nurses and to all physicians who have not had special experience with the insane, and particularly to those political medical appointees who, without special skill and experience in the care and treatment of the insane, and often with a limited knowledge of general medicine, are nevertheless so often assigned, wrongfully, to the superintendency of our American Hospitals for the Insane, as well as to those sometimes exceptionally good general medical appointees who, with a wide knowledge of clinical medicine and therapeutics in general, need only the additional information this valuable book conveys, to fit them for psychiatry and its grave responsibilities.

CHRISTIANITY AND SEX PROBLEMS. By Hugh Northcote, M. A. Crown Octavo, 257 Pages. Bound in Extra Cloth. Price, \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This interesting book discusses many pertinent problems of the human sexual life apropos to our day and generation from the standpoint of the regulation, indulgence, abeyance, perversion and restraint of the dominant human passion.

The chief aim of the book seems to reach a correct understanding of the right regulation and proper indulgence with the idea of exalting love with innocent sexual passion degradedly above its baser sexuality, the heavenly *αγάπη* over the more sensual *ερωσ* which, latter, the author tells us, is not found in the New Testament.

The ethics, literature and science of sex, sexual beauty, the Bible and sex and sexual desire, the purity question, juvenile depravity, base and perverted sexuality, ethics of the sexes, continued incontinence and profligacy, sexual inversion, prostitution, chastity, continence, origin of modesty, these and many other important aspects of the subject for layman, clergyman, lawyer and doctor, are intelligently discussed here by one of ripe research.

The author gives some good moral reasons for advo-

cacy of neo-malthusianism or interference with natural fecundity under circumstances of entailable disease, poverty, criminality, etc. He thinks man, within certain limits, may follow by the exercise of a reasoned and conscious control of the birthrate in his own race, the precedent given by blind natural forces. How careful of the type she seems. How careless of the single germ. And this is true.

PRACTICAL MASSAGE IN TWENTY LESSONS. By Hartwig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools, Former Acting Director of Physical Training, Boston Public Schools, Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 pages. 12mo. Price, Extra Cloth, \$1.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

This book is a valuable revision of and improvement upon the author's preceding treatise on Swedish Movement and Massage Treatment, published in May, 1889, and is what its name implies, a practical massage treatise, the result of the author's life work. The best and most useful movements may be found described in this brochure, including most of the borrowed manipulations of the misnamed and stale fostered osteopathy and fairly discussed without the preposterous and misleading claims of the pseudo art of bone disease, if we may describe this latter so-called system or treatment from its psychologic wrongly-selected derivation.

TAYLOR'S PHYSICIAN'S ACCOUNT BOOKS consist of a deskbook and a pocketbook well arranged for quick and brief records of service and convenience as to space of desk or pocket, with valuable business suggestions.

The whole constitutes a concise and complete financial record embodying the utmost degree of simplicity, plainness and economy of space and time, and available as a legally recognized account book, which may be produced and accepted in court. It deals in dates, service memoranda and figures under suitable printed headings.

CHECKERS.—If there were nothing more in Howard Blossom's hard-luck story of "Checkers" than the sad, fatal, forceful lesson of warning in the pitiful death of Pert, against the "perfectly harmless-guaranteed" headache powders of the day, put up as they usually are by some druggist's clerk, with more assurance than medical skill, the mission of the book would well warrant its being.

Phenagin, phenacitin and most of the coal tar derived anodynes are fit only for special expert medical prescription with systems skillfully fortified and sustained against their depressing influences. Murders by reckless drug administration, by unskilled drug clerks and boss pharmacists require legal restraint.

The career of "Checkers," too, is a lesson against the gambling, betting spirit and habit. The other characters, Barlow, Judge Martin, Sadie, Arthur, Murray, Tobe and Mandy and all are psychologically interesting and true to the nature put upon them by the author.

There's great promise in this young writer of fiction.

Herbert Stone & Co., Chicago and New York, are the publishers.

THE PROCEEDINGS OF THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION, at the sixteenth annual meeting held in St. Louis, Mo., May 30-June-3, 1904, is as usual an interesting volume, especially to considering the deviating influences of the great St. Louis Exposition. We regret our inability, with the many other engagements of the great World's Fair, with one day imperatively out of the city and a day of ill health, to have been daily with the meetings of this always interesting and instructive Society.

CHARITIES AND THE COMMONS is a journal of Philanthropy and Social Advance. Published by the New York Charity Organization Society. Edward T. Devine, editor; Graham Taylor, associate editor; Arthur P. Kellogg and Graham Romeyn Taylor, assistants.

Should be in the hands of all Philanthropists, State and City Health Records. It teems with interesting matter on this important subject.

Le Passage a l'Acte dans L'Obsession Impulsive au Suicide. Par le Dr. A. Paris. Médecin de l' Asile de Maréville. Extrait de la *Revue Médicale de l'Est.*—1905.

Tabes Dorsalis. By L. Harrison Mettler, M. D., Chicago.

A Case of Spinal Apoplexy with Findings. By William Browning, M. D., and Frederick Tilney, M. D., of Brooklyn, N. Y.

The Office Treatment of Diseases of the Rectum, with a Description of Some New Methods. By Charles B. Kelsey, M. D., New York.

On the importance of Differentiation in the use of Electric Modalities. By A. D. Rockwell, A. M., M. D., New York.

The Education of an Aphasic. Shepherd Ivory Franz.

Anomalous Reaction-Times in a Case of Manic-Depressive Depression. By Shepherd Ivory Franz, McLean Hospital, Waverley, Mass.

A Review of Some Recent Papers Upon the Loss of the Feeling of Reality and Kindred Symptoms. By Dr. August Hoch, McLean Hospital, Waverley, Mass.

Studies of Feeble-Mindedness. By Shepherd Ivory Franz.

Protein Metabolism in Cystinuria. By Carl Alsberg and Otto Folin. [From the Chemical Laboratories of Harvard Medical School, Boston, and the McLean Hospital for the Insane, Waverly, Mass.]

Brachial Paralysis following Surgical Anaesthesia; Report of Two Cases. The Promotion of Early Diagnosis in Malignant Disease of the Uterus. Notes on the Gynecological Examination. Outlines of Treatment for Pelvic Inflammation. By H. S. Crossen, M. D., St. Louis, Mo.

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PUBLISHER'S DEPARTMENT.

THE INSANE OF TEXAS—A NEW HOSPITAL. The Legislature at its last regular session passed a law providing for the erection of an addition to the North Texas Insane Asylum at Terrell. The addition is being constructed. It will give accommodation to 500 insane patients. At the time the appropriation for this addition was made it was stated there were 500 insane people in the county jails of Texas, there being no room for them in the asylums.

There are three asylums in Texas maintained by the state government. Each of these institutions is crowded. There are more than 300 applications for admission pending at the Austin asylum and each of the other two institutions has on file several hundred of similar applications.

It is conservatively estimated that there are 1,000 insane persons in the state who cannot be accommodated at the asylums on account of lack of room. Most of these insane are confined in the county jails.

IN CHRONIC BRONCHITIS and "winter cough," Gray's Tonic is a well-nigh indispensable ally to successful treatment. Its use palliates the respiratory symptoms and exercises a beneficial influence upon nutrition in general—and this latter effect is a matter of no small importance, so authorities state, in overcoming these chronic and recurrent forms of bronchitis. Influenza, pneumonia and typhoid fever are, by means of this practice, rendered less troublesome by the specific action of Gray's Tonic on the respiratory tract—the course of the disease is obviously modified and convalescence more speedily established. Twenty years experience of skilled scientific physicians constitutes the foundation upon which the above statements are based.

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ASSISTANT SURGEON-GENERAL W. C. GORGAS, who has supervision of the health department of the Isthmian Canal Commission, says the situation has improved wonderfully in the past year.

BATTLE & CO., have just issued the 8th of their series of twelve illustrations, of the Intestinal Parasites. They will send them free to physicians on application.

SHE GUESSED RIGHT.—Representative John Sharp Williams tells a story of a darky in Mobile who is a convert to Christian Science, who meeting a friend on the street, made inquiry touching the health of the former's aunt. "She's got de pleurisy pretty bad," was the answer.

"You and she is both wrong," was the reply, "she only thinks she got de pleurisy. Dere ain't no sich thing."

A few days after the two again meeting, the convert repeated his inquiries, "Does she still presist dat she's got de pleurisy?"

"No, indeed," came the reply; "de pore woman now thinks dat she's dead. We berried her yisterday."

GARDNER'S SYRUP OF HYDRIODIC ACID AND ITS IMITATORS.—Is it not absurd for any druggist to claim that he can prepare Syrup of Hydriodic Acid equal to Gardner's, when you consider that we originated this preparation, and that although Hydriodic Acid was suggested by Buchanan in 1837, its preparation presented such pharmaceutical and chemic difficulties that it could not be employed until Gardner's Syrup was perfected in 1878? Since that time all attempts to produce a preparation of the same therapeutic efficacy have been unsuccessful.

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not available to the apothecary, as well as expert knowledge and experience, which he does not possess, are essential to the perfect preparation of this remedy.

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I HAD TRIED, unsuccessfully, all the known remedies for epilepsy, when I heard of a cure effected through the use of the Gélinau Dragées. I began this treatment with my patient, since then he has only had two attacks; these I am sure he could have avoided had he not, on both occasions, had the rashness to discontinue this excellent remedy.
—*Dr. Randon.*

BRITISH VISITORS STUDY EPILEPTICS IN LINCOLN, ILL.—The Royal Commission from the House of Parliament of Great Britain, appointed in 1904, to visit the United States to study methods for the care of feeble-minded, arrived in this city Nov. 17th.

The party has been in America for the last month and has visited the institutions of the East in that time. The party is headed by William Patrick Byrne, Esq., C. B., principal clerk of the Home Office.

Other members of the commission are: Horatio Bryan Donkin, Esq., M. D.; Willoughby Hyett Dickinson, Esq., M. P.; Doctor James Cranford Dunlap and Mrs. Ellen Francis Pinsett, the latter a noted expert on the subject of epilepsy.

The Illinois Asylum for the Feeble-Minded Children is considered a model institution, and much time was given to the details of the management under the superintendent, Dr. Charles B. Taylor.

Great Britain has no public institution for the care of the feeble-minded or epileptic, and charges are cared for in almshouses. The last meeting of Parliament ordered the appointment of this commission that better provision can be made for dependents.

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MELLINS' FOOD AND TURKEY.—This well-known and prosperous firm so serviceable to the medical profession and people, gave all of its official attaches and employees a turkey on last Thanksgiving Day. Felicitous speeches of congratulation on its continued prosperity were exchanged.

HYGIENE OF SPANISH CHURCHES.—The Alcalde of Madrid, who, at least in sanitary matters, is decidedly progressive, has issued an order for the disinfection of churches. This order, which is based on a report from the director of the municipal laboratory, prescribes that all the churches of the Spanish capital are to be swept out daily with sawdust moistened with a solution of copper sulphate. All the fittings and furniture of the churches—chairs, benches, confessional, holy water fonts, etc.—are to be disinfected every day.—*British Medical Journal*.

Here is a good example for American churches, street cars, railway coaches, school rooms, and all places where people do most congregate, only that the sweeping of street and railway cars should be done with open windows and while passengers are not in them.

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IN BUILDING THE FOUNDATION of a lunatic asylum at Carshalton, the ruins of a fortified British village were discovered. The pottery found in it indicated its existence half a century B. C.—*Med. Times.*

AWAKENING TO THE PUBLIC DANGER Dr. Brown introduces the following kindly tribute to the good physician from Dr. Ralcey H. Bell: "I like to think in these degenerate days there are souls which still possess the freshness of fancy that made the world to blossom as a garden in the dear dim olden time. A Physician who ministers to the stricken and poor without fee or price, a man who with ever open palm is ready to help those less fortunate than he, and a man whose pure heart and high resolve embraces the frailties of the weak—who lovingly forgives and, like nature, forgets—who is ever building where smaller spirits would demolish, is unto the weary world as a loving Prince of Light."

AN ARCTIC SAILOR'S GRAVE.

(*Nicholas Senn, M. D., Chicago, Ill.*)

His work is done; he rests
Free from hunger, care and pain,
Near yonder lofty crests,
Without honor, without fame;
On the bleak Arctic shore
He sleeps forevermore.

Far from home on bed of stone,
Safe from reefs, storm and gale
He dwelleth alone.
Wrapp'd in his garb of sail
On the bleak Arctic shore
He sleeps forevermore.

His courage and his deeds,
His many hopes, his fears,
His sufferings and needs
Are forgotten, cause no tears
On the bleak Arctic shore
He sleeps forevermore.

All honor to this grave
Of stone on granite floor,
Where lies a hero brave
Forgotten without lore;
On the bleak Arctic shore
He sleeps to wake no more.
—*Medical Standard.*

MARY'S LITTLE CORSET.

Mary had a little waist,
She laced it smaller still;
A stone o'er Mary has been placed
Out on the silent hill.

And on that stone these words are writ
"Oh! let us hope she's gone
Where angels never care a bit
About what they have on."

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No. 2.

MIXOSCOPIC ADOLESCENT SURVIVALS
IN ART, LITERATURE AND
PSEUDO-ETHICS.*

By JAS. G. KIERNAN, M. D.,

CHICAGO.

Fellow of the Chicago Academy of Medicine; Honorary Member of Chicago
Neurological Society; Foreign Associate Member of the French
Medico-Psychological Association; Professor of Medical
Jurisprudence, Dearborn Medical College.

A SEXUAL state which appears around the fortieth year wherein the subject, while obtrusively objecting to discussions of sexual physiology, or psychology exhibits at the same time, a decided pornographic tendency. This class of men have themselves photographed in all kinds of pornographic relations and preserve the photographs under circumstances which suggest possible mental aberration. However, in cases, where other evidences of mental disturbance are absent, this is clearly a case of exhibitionism. As Havelock Ellis† remarks, "by paralysis or inhibition of

*Continued from the *Alienist and Neurologist*, February, 1906.

†*Alienist and Neurologist*, May, 1906.

the finer and higher feelings current in civilization, the exhibitionist is placed on the same mental level as the man of a more primitive age and he thus presents the basis on which the impulses belonging to a higher culture naturally take root and develop." Symbolically, this mental attitude appears in the position taken by conventionalists toward literature. Naturally it is frequently associated with religiosity. This last appears very markedly in Pusey, the leader of the theocratic ascetic tendencies in the Church of England, who fiercely denounced Kingsley's *Hypatia* as an immoral book. In no small degree was this due to Kingsley's recognition of that poetry of motion, which, like Emerson, he found in dancing. The movement which Pusey led resulted in many forms of sexual aberrations, as the insane hospital and clinical records of the time testify. This mental state appears in Carlyle, who passes lightly and humorously over that extremely pornographic production, the "*Biblion Erotika*" of Mirabeau* to denounce as a "cloaca of a book." Louvet's "*Adventures of Faublas*" which is an admixture of Joseph Andrews and *Clarissa Harlow* with an element of dramatic justice, singularly its own. The book would have been regarded by English 18th century moralists of the Hogarth school, as teaching a valuable lesson. This phase of Carlyle's impressionism is due to his attempt to make Mirabeau the center of the French Revolution and to minimize his defects. To do this, Carlyle did not hesitate to distort details. Not only did he blacken Marat, but he greatly diminished the influence of Robespierre. The latter, as Carlyle admits, had a high conscientiousness, which Carlyle designates in his epithet of the "sea green incorruptible." Against much of the stigma cast upon him by fanatical plutocrats and adherents of autocracy, Robespierre has since been defended even by Macauley. Of his general characteristics Eleanore Duplay, (Robespierre's beloved) draws the following picture in a letter to a female friend, under date of January 8, 1794:

"Perhaps you would be surprised if I told you I

*French Revolution.

thought him too conscientious—so afraid to do wrong that he sometimes takes too long in making up his mind. Yet so it is. Do not think of him as a hunter of priests, for he is nothing of the sort. He does not like their impostures, of course. I remember how angry he was last time he went to Arras, when he heard them present to the poor country people that they had wrought miracles on a certain townsman, though they did not dare to mention it to his fellow-townsmen, who knew that no miracle had been wrought at all. And he does not care for the trivial dogmas with which religion has been overladen. You did not care about them either, Jeannette, in the old times; but I believe you like anything which is getting beaten, and dogmas have certainly had a bad time of it lately. But if you put aside dogmas and impostures, just, as in politics, you must put aside the personal details which often obscure principles; in the true sense of the word, there is no more religious man than Maximilian. His has always been a religious family. There is a tradition at Arras that they fled from Ireland for religion's sake 200 years ago. Maximilian was always friendly to the Chapter of Paris when he was in the Constituent Assembly. He spoke, too, in favor of larger pensions for the humble clergy. He hates the idea of the "feast of reason" (fancy worshipping a woman he would not even speak to) and all the other Herbertist excesses. Oh, if you could hear him. I sometimes fancy him a priest himself. He is to me what the priest used to be when I was a little girl. He is always proper when others are wicked—dresses so neatly when others slouch about like slovens—he has his old testament—Racine, Corneille, Voltaire, and his gospel—Rousseau. He reads them to us sometimes, not as the false priests used to drone their gospels, that they were paid to preach, but so beautifully that in the pathetic parts we sometimes all burst into tears. He believes it all so thoroughly; he is so conscious of a mission to teach it. The crowds gather round him in the Jacobins, as round a great preacher, to hear his text and his sermon. He says it so that one cannot disbelieve. Do you know, I sometimes carry the

thought further, and ask myself whether one so good and so pure can become a husband to me. I think he ought to be celibate as a priest: But if I told him so he would be shocked, poor man: It is contrary to the civil constitution of the clergy. Then you call him cruel. I am sure I have never seen him so. When we were walking together in the Champs Elysée with his dear dog Blount following us, we sometimes sit down and the little Savoyards come round, and I never saw him send them away without giving them something. And he is kind to us all, and so thoughtful. I can see your look of horror, you little proselyte of La Roche Jacquelin and the Chouans. You point me to the guillotine and ask me, is that not his works. No Jeannette, I do not think it is. I will allow just this much, that I sometimes wish he had done more to keep back the others. I fancy he does not always realize things that are done under the cover of his reputation. He thinks so much of principles that he sometimes forgets facts. I have never told him so, for when we are alone together, it is not often (every morning he is at the Committee of Public Safety, every afternoon at the convention, every evening at the Jacobins,) he always tries to escape from these terrible things and give play to his fancy."

Carlyle's portrait is not entirely inconsistent with that of Eleanore Duplay: "But now if Mirabeau is the greatest, who of these Six Hundred may be the meanest? Shall we say, that anxious, slight, ineffectual looking man, under thirty, in spectacles; his eyes (were the glasses off) troubled, careful; with upturned face, snuffing dimly the uncertain future times; complexion of a multiplex atrabiliar color, the fine shade of which may be the pale sea-green. That greenish-colored (*verdâtre*) is an advocate of Arra; his name is Maximilian Robespierre. The son of an advocate; his father founded mason lodges under Charles Edward, the English Prince or Pretender. Maximilian, the first born, was thriftily educated; he had brisk Camille Desmoulins for schoolmate in the College of Louis LeGrand, at Paris. But he begged our famed Necklace Cardinal Rohan, the patron, to let him depart thence, and resign in favor of

a younger brother. The strict-minded Max departed; home to paternal Arras; and even had a law case there and pleaded not unsuccessfully, in favor of the first Franklin thunder-rod. With a strict, painful mind, and an understanding small but clear and ready, he grew in favor with official persons, who could foresee in him an excellent man of business, happily quite free from genius. The Bishop, therefore, taking counsel, appoints him Judge of his diocese; and he faithfully does justice to the people; till behold, one day a culprit comes, whose crime merits hanging; and the strict-minded Max must abdicate, for his conscience will not permit the dooming of any son of Adam to die. A strict-minded, straight-laced man. A man unfit for revolutions? Whose small soul, transparent, wholesome-looking as small ale, could by no means ferment into virulent ale-gar, the mother of ever new ale-gar, till all France were grown acetous virulent."

That Robespierre was the origin of the referendum, Carlyle demonstrates: There likewise sits sea-green Robespierre; throwing in his light weight with decision, not yet with effect. A thin, lean Puritan and Precisian, he would make away with formulas; yet lives, moves and has his being wholly in formulas, of another sort. 'People' such, according to Robespierre, ought to be the royal method of promulgating Laws. 'People' this is the law I have framed for thee; dost thou accept it?—answered, from Right Side, from Center and Left, by inextinguishable laughter. Yet men of insight discern that the Sea-green may by chance go far. "This man," observes Mirabeau, "will do somewhat; he believes every word he says!"

Strangely enough, Carlyle portrays the bourgeois limitations of Robespierre in his remarks on Robespierre's death: "Unhappiest Advocate of Arms, wert thou worse than other Advocates? Stricter man, according to his Formula, to his Credo and his Cant, of probities, benevolences, pleasures of virtue, and such like, lived not in that age. A man fitted, in some luckier settled age, to have become one of those incorruptible barren Pattern-Figures, and have had marble tablets and funeral sermons. His poor land-

lord, the cabinet-maker in the Rue Saint Honore, loved him; his brother died for him. May God be merciful to him, and to us."

That Robespierre failed to pass through adolescence unharmed, is shown in the cholemic chlorotic complexion universally ascribed to him. This damage appears in Macaulay's* picture of Robespierre, who, according to Macaulay, was a vain, envious, suspicious man, with a hard heart, weak nerves and a gloomy temper. He was, in the vulgar sense of the word, disinterested; his private life was correct and he was sincerely zealous for his own system of politics and morals.

The mysticism resultant on adolescent stress, consequent on anxious mental states, due to organ instability, rising into consciousness appeared in Robespierre. Concerning the most marked expression of this, Macaulay remarks: "An old woman named Catherine Theiot, half maniac, half imposter, was protected by him, and exercised a strange influence over his mind; for he was naturally prone to superstition, and, having abjured the faith in which he had been brought up, was looking about for something to believe." The picture of Carlyle is still more detailed: Catholicism being burned out, and Reason Worship guillotined, was there not need of one? Incorruptible Robespierre, not unlike the Ancient Legislator of a free people, will now also be Priest and Prophet. He has donned his sky blue coat made for the occasion, white silk waistcoat brodered with silver, black silk breeches, white stockings, shoe buckles of gold. He is president of the Convention; he has made the convention decree, so they name it the 'Existence of the Supreme Being,' and likewise *le principe consolateur* of the 'Immortality of the Soul.' These consolatory principles, the basis of rational republican religion, are getting decreed; and here, on this Blessed Decadi, by help of heaven and painter David, is to be our first act of worship.

See, accordingly after decree passed, and what has been called 'the scraggiest prophetic discourse ever uttered

*Essays: Barere.

by man,' Mahomet Robespierre, in sky blue coat and black breeches, frizzled and powdered to perfection, bearing in his hand a bouquet of flowers and wheat ears, issues proudly from the Convention hall; Convention following him yet, as is remarked, with an interval. Amphitheatre has been raised, or at least monticule or elevation, hideous statutes of atheism, anarchy and such like, thanks to heaven and painter David, strike abhorrence into the heart. Unluckily, however, our monticule is too small. On the top of it not half of us stand; wherefore there arises indecent shoving, nay treasonous, irreverent growling. Peace, thou Bourdon de l'Oise, peace, or it may be worse for thee.

The sea-green Pontiff takes a torch, painter David handing it, mouths some other froth-rant of vocables, which happily one cannot hear; strides resolutely forward, in sight of expectant France; sets his torch to atheism and company, which are but made of pasteboard steeped in turpentine. They burn up rapidly, and from within there rises by 'machinery,' an incombustible statue of Wisdom, which, by ill hap, gets besmoked a little, but does stand there visible in as serene attitude as it can. Catherine Theiot, on the other hand, an ancient, serving maid of seventy-nine years of age, inured by prophecy and the bastille of old, sits in an upper room in the Rue de Contrescarpe, poring over the book of Revelations, with an eye to Robespierre, finds that this astonishing thrice-potent Maximilian really is the man spoken of by prophets, who is to make the earth young again. With her sit devout old Marchionesses, ci-devant honorable women, among whom Old Constituent Dom Gerle, with his addle head, cannot be wanting. They sit there, in the Rue de Contrescarpe in mysterious adoration: Mumbo is Jumbo and Robespierre is his prophet. A conspicuous man this Robespierre. He has his volunteer bodyguard of Tappe-durs, let us say strike sharps, fierce patriots with feruled sticks; and Jacobins kissing the hem of his garment. He enjoys the admiration of many, the worship of some; and is well worth the wonder of one and all."

Robespierre's departure from the referendum principle

implying Jeffersonian responsibility to the people marks adolescent decadence. The lynch law legislation which marred the French Revolution, as it has too often marred American progress for the benefit of plutocracy, was the consequence of this, and resulted in Robespierre's downfall at a time when his usefulness was becoming most apparent. His acquiescence in Danton's execution, though a fatal error, was shared by prevalent Jacobin opinion. Souberbielle,* the lithotomist revolutionist, ("who united two individualities equally interesting for history. The politician taking part in the most serious events of the later 18th century and the surgeon whose skilful hand preserved the existence of so many sufferers"), coming early one day to the Palace of Justice, found there a good friend of his, a juryman like himself, in tears. "Why are you crying?" asks Souberbielle. "Why" is the reply. "Do you not know that today we judge the patriot Danton, a founder of the Republic, whom we have had at our head on all great days?" "Come, come," answers Souberbielle: "It is a very simple matter; here are two men who cannot exist at the same time, Robespierre and Danton. Which is the most useful to the Republic?" "It's Robespierre," hesitatingly responds the juryman. "Very well, then Danton must be guillotined; it's as simple as how d'ye do." The suspicional environment of the time, which was enormous, no doubt had the effect on Robespierre pointed by Carlyle. No people could have resisted the suspicion-producing atmosphere of a treacherous executive (Louis XVI and Marie Antoinette), a civil war (LaVendee) united with foreign invasion (Austria, Great Britain and Prussia.) The invasion by Great Britain was especially treacherous. Support given the autocratic Hapsburgs and Hohenzollerns by English freedom seemed peculiarly hypocritical. This war against French freedom originated with the tricky, morally imbecile George III, who, in the boodle interests of himself and the English plutocracy, devised the 18th century crimes against American, English, French, Scottish and Irish freedom. Had England, Austria and

*Cabanes: *Secret Cabinet of History*.

Prussia kept their hands off, the Reign of Terror would never have come. The Paris mob would never have acquired the habit of dictating to the Legislature. The consequences of this habit led to the creation of Washington as a Capital, dependent entirely on the general government and without municipal life of mob-creating type.

This mob law element early influenced Marat, who has the sympathies of Carlyle in his opposition to legislative institutions. "Here indeed," remarks Carlyle, "becomes notable one great difference between our two kinds of civil war; between the modern lingual or Parliamentary-logical kind and the ancient or manual kind in the steel battle field—much to the disadvantage of the former. In the manual kind, where you front your foe with drawn weapons, one right stroke is final; for, physically speaking, when the brains are out the man does honestly die, and trouble you no more. But how different when it is with arguments you fight. Here no victory yet definable can be considered as final. Beat him down with Parliamentary invective till sense be fled; cut him in two, hanging one half on this dilemma-horn, the other on that; blow the brains or thinking-faculty quite out of him for the time; it kills not; he rallies and revives on the morrow; tomorrow he repairs his golden fires. The thing that will logically extinguish him is perhaps still a desideratum in Constitutional civilization. For how, till a man know in some measure, at what point he becomes logically defunct, can Parliamentary business be carried on and talk cease or slacken? Doubtless it was some feeling of this difficulty; and the clear insight how little such knowledge yet existed in the French nation, new in the constitutional career, and how defunct aristocrats would continue to walk for unlimited periods, as Partridge, the almanac-maker did, that had sunk into the deep mind of people's friend, Marat, an eminently practical mind; and had grown there in that richest putrescent soil, into the most original plan of action ever submitted to a people. Not yet has it grown, but it has germinated; it is growing, rooting itself into Tartarus, branching toward heaven; the second season hence we shall see it risen out of the bot-

tomless darkness, full-grown, into disastrous twilight—a hemlock tree, great as the world may lodge. “Two hundred and sixty thousand aristocrat heads;” that is the precise calculation, though one would not stand on a few hundred thousand. Shudder at it, O people; but it is as true as that ye yourselves, and your people’s friend, are alive. These prating senators of yours hover ineffectual on the barren letter, and will never save the Revolution. A Cassandra-Marat cannot do it with his single shrunken arm; but with a few determined men it were possible. “Give me,” said the people’s friend, in his cold way, when young Barbaroux, once his pupil in a course of what was called optics, went to see him, “Give me two hundred Naples bravoës, armed each with a good dirk and a muff on his left arm by way of shield; with them I will traverse France and accomplish the Revolution.” Nay, be grave, young Barbaroux; for thou seest there is no jesting in those rheumy eyes, in that soot-bleared figure, most earnest of created things, neither is there indeed madness of the straitwaistcoat sort. Such produce shall the time ripen in cavernous Marat, the man forbid; living in Paris cellars, lone as fanatic Anchorite in his Thebaid; say as far seen as Simon on his Pillar, taking peculiar views therefrom. Patriots may smile; and, using him as a bandog now to be muzzled, now to be let bark, name him, as Desmoulins does, ‘Maximum of Patriotism’ and ‘Cassandra-Marat;’ but were it not singular if this dirk and muff plan of his (with superficial modifications) proved to be precisely the plan adopted?”

It is obvious from this that Marat never imbibed the English prejudice against assassination. On the continent assassination has always played a part in politics. As Dumas remarks, discussing the subject, “in politics we do not kill a man, we remove an obstacle.” In Italy, assassination in the States of the Church played a large part in political changes. Pope Alexander VI, and the other Borgies, converted poisoning into a system whereby wealth was secured and the turbulent baronage of the Romagna was curbed. These procedures were brought into France

by Catherine di Medici, who united political harlotry, open assassination, (massacre of St. Bartholomew) and secret poisoning, as means of government.

The psychology of the poisoner differs so markedly from the popular conception of it, that poisoners are frequently regarded as innocent victims of the law, and even from their religious demonstrations as saints. This was notoriously the case with the Marquise de Brinvilliers, whom the populace of Paris regarded as a saint after her execution. As Arthur Macdonald remarks,* poisoners are generally well educated; they are nurses, physicians, druggists, chemists, etc. They have a sympathetic air, amiable address, persuasive language, which would deceive the very elect; they are often passionate women. Poisoning has been a species of voluptuousness; many have been poisoned sometimes with little motive, and as many as fourteen and twenty-one at a time; poisoners are pushed by cupidity, love or unbridled lust; they are hypocritical, calm and deceitful, protesting their innocence to the very end; they carry their secret into the grave; they rarely have accomplices. Sometimes poisoning assumes the form of an epidemic, especially with women.

The mental characteristics of sadist poisoners are illustrated by Jane Toppan, who was a professional nurse about 45 years of age, single, American. She was arrested October 30th, 1901, for poisoning Mrs. M. G. Four members of the family had died with similar symptoms. Jane Toppan had been on intimate footing with the family, attached to her as one of themselves. Her services were often required for trivial ailments. The short, fatal illnesses of these four persons, occurring one after another, finally aroused suspicion, which naturally centered on the nurse who had dosed the victims, and who had only summoned the physician when they were at the point of death. She was not only pointedly questioned on the subject by several persons, but was actually told by a relative of the deceased that she was suspected of causing death. Notwithstanding a fortnight later she attended an

*Criminology.

old lady who was taken ill, and died with the same symptoms. One person destroyed held Jane Toppan's note for several hundred dollars. Various small amounts belonging to three others were missed after their deaths, but these thefts were not proven against accused. There was no suspicion of theft from the third victim. While B., the latest victim, was ill, a detective called at the house, and in the room below the sick chamber questioned Jane at length about the deaths of her last four patients, ostensibly trying to fasten the guilt upon another person. Throughout the entire interview she was calm and self-possessed, showing no trace of anxiety, and talked freely and pleasantly. She made no attempt to implicate others.*

In September, 1901, she made two attempts to poison herself, probably with morphine, the last an apparently determined one. She gave as reason for these that she was jealous because a man whom she wanted to marry paid attention to another woman. She subsequently wrote him an absurd, abusive letter. Leaving the hospital she made a visit to some friends in a neighboring state, and later wrote: "I never even thought of the investigation of the murder while at A., until I was arrested. I was having a fine time out there. I don't think I ever enjoyed myself as I did that Fall. There was a jolly lot of people there, and I had the kind of a time I like to have. I remember perfectly well the detective reading the warrant, but it made little impression on me. The funniest thing about it was that I was annoyed because the detective insisted on remaining in my room while I was getting ready, and I did not think it was very gentlemanly." She took her arrest with perfect composure and without the slightest remonstrance. On the long trip to the jail she was at first thoughtful, but later talkative and in good spirits. She talked freely to the officers about herself, and seemed entirely willing then, and at the jail, before seeing her counsel, to admit her guilt and showed little or no realization of her situation. This condition of mind remained throughout her imprisonment and

*H. K. Stedman: *Boston Medical and Surgical Journal*, July 21, 1904.

trial. The original name of Jane Toppan was Honora Kelly. When about four years of age she and her sister, were placed in a foundling asylum by her father, an eccentric man, who drank hard at the time of his death. She has two living sisters, one a respectable, capable woman some years her senior, the other a chronic dement. A third sister had led a dissolute life. About six years of age Honora was apprenticed and took the name by which she has since been known. She was given a good education, proving intelligent and quick to learn. She was under good moral and religious influences. Her home surroundings were excellent. As she passed into womanhood she became incorrigible. She was deceitful, and gave so much trouble that her adopted mother refused to let her remain longer in the family. Her impossible tales and lies, often senseless and doggedly persisted in, despite proof of falsity, are still remembered in the neighborhood.

At 28 she began her career as a nurse, after four years of training and service in two general hospitals. There she showed much capability in the technical part of her duties. She knew how to take good care of her patients, but did not like to work. While not of attractive appearance she had a pleasant manner and was wonderfully clever, ingratiating herself with such patients and physicians as she wished to please. She was remarkably skillful in escaping consequences of wrong-doing and implicating others. Her hospital life showed her earlier tendencies. Her fellow-workers looked upon her as "queer," because of her unfounded suspicions and tale-bearing, as well as her pleasure in inventing fabulous tales. She wrote peculiar letters to the friends of patients, and endeavored to prolong the illness of favorite patients by reporting symptoms that did not exist. In other cases she reported false temperatures without obvious reason. Suspicion obtained during her hospital service that she stole. During it she was often heard to say that there was no use in keeping old people alive; she liked to discuss poisons and their antidotes during her hospital service. A nurse who had some slight illness, placed under her care, was taken with an alarming

collapse but recovered during the night. The following day the collapse was repeated. After this another nurse was put in charge.

At that time and since, she was said to be addicted to opium, but careful observation has failed to confirm this. Her conduct in situations where opium taking was impossible, showed that it could not be due to that drug. No tendency to sexuality or alcohol was ever noticed.

On leaving the hospital she took up private nursing, in which she was for many years very successful, inspiring certain families, not a few of them of high social position, with confidence in her skill and affection for herself. One family, unsuspecting, employed her after death of one of their members at her hands. Experienced, able physicians recommended her for a time on account of her capability. Her own friends spoke of her jealous and vindictive nature. Her conduct was considered strange by not a few, but just why they cannot specify. She had a marked capacity for making trouble for its own sake. She was a clever liar, with a marvelous capacity for inventing and remembering tales. She borrowed money from patients which was never repaid, although she earned a good living. Her debts gave her little concern. Occasionally small sums of money and articles of clothing disappeared from places where she was employed, but she was rarely suspected, never detected in theft nor directly accused of it. She undoubtedly prolonged some cases for profit. On the other hand, she cut short many that might have proved equally lucrative by poisoning. She started four fires, but gave the alarm and helped vigorously to put them out. Two were set in the same house to frighten a nervous patient and retard recovery. Her conduct toward the end of her nurse career suggests increasing demoralization. Her stories grew more sensational and preposterous. She maligned physicians, circulated stories of epidemics and criticised methods of treatment. In all she committed twenty homicides definitely ascertainable. Twelve she admitted at the examination. While in jail she made a list of thirty-one victims. Possibly four of these should be added to the

original twenty; of the remainder there is so much uncertainty that it cannot be stated that death was caused by poisoning. Most of the patients were killed by opium. One patient was given strychnine. At the first interview after the lunacy commission was appointed, she talked freely and was indifferent to her situation. Her talk was more or less rambling and rather irrelevant. Her utter mendacity and disposition to speak slurringly of even her best friends was a striking characteristic. One minute she would praise and another blame. None of her statements could be relied upon unless corroborated by reliable evidence. She was not able to remember details of all cases because poisoning had become a habit. Her favorite method of administering poison was in Hunyadi water or by enema. Sometimes drugs were so combined as to give unusual or perplexing symptoms.

In poisoning she was, she asserted, always calm and clear-headed. After poisoning she experienced great relief, went to bed and slept soundly. In one case she took to bed with her the child of her victim, after administering the fatal dose. In another she lay on the bed with the patient whom she had just poisoned and had a long sleep. When it was too late to save the patient she would, according to her own statement, work hard to do so, but in one instance at least took this opportunity to repeat the dose. During the interviews she showed much levity. She understood clearly that she had done wrong, but did not manifest the slightest remorse. She was totally indifferent as to the outcome of the trial, but said she preferred the prison to the asylum. "When I try," she said, "to picture it I say to myself I have poisoned M., my dear friend; I have poisoned Mrs. G.; I have poisoned Mr. D. and Mrs. D. This does not convey anything to me, and when I try to sense the condition of the children and all the consequences, I cannot realize what an awful thing it is. Why don't I feel sorry and grieve over it! I cannot sense it at all."

So far from having delusions of enmity or persecution, she spoke of most of her victims as her friends, and denied any hostility on her side or others. No delusions or hallu-

cinations were detectable. She never showed any reticence or distrust common in those with concealed delusions.

One fairly typical poisoner was Thomas Wainwright, well known as Havelock Ellis remarks, in his time as an essayist, much better known as a forger and a murderer. R. Griffiths, L. L. D., Wainwright's maternal grandfather, was an energetic literary man and journalist, whose daughter, Ann, born of a second young wife, when he was well past middle life, "is supposed to have understood the writings of Mr. Locke as well as perhaps any person of either sex now living." She married Thomas Wainwright, and died in childbed at the age of twenty-one, the last survivor, even at that age, of the second family. Thomas Wainwright, the father, himself died very soon afterwards. Of him nothing is known, though there is reason to think that Dr. Griffiths regarded him with dislike or suspicion.*

The child was born of a failing, degenerating stock. He was clever, of some means, grew up in a literary and artistic circle; but was vain and unstable, "ever to be wiled away," as he says himself, "by new and flashy gauds." When still a lad, he went into the army for a time. Then, after a while, being idle in town, "my blessed Art touched her renegade; by her pure and high influences the noisome mists were purged," and he wept tears of happiness and gratitude over Wordsworth's poems. But this serene state was broken," he wrote, several years before his career of crime had commenced," like a vessel of clay, by acute disease, succeeded by a relaxation of the muscles and nerves, which depressed me

—'low

As through the abysses of a joyless heart
'The heaviest plummet of despair could go,'—

into hypochondriasis, ever shuddering on the horrible abyss of mere insanity. But two excellent secondary agents—a kind and skilful physician, and a most delicately affectionate and unwearied (though young and fragile) nurse—brought me at length out of those dead black waters, nearly exhausted with so sore a struggle. Steady pursuits

*The Criminal.

were debarred me and varied amusement deemed essential to my complete revivication." Then he began to write his essays and criticisms, dealing chiefly with the later Italian and the French artists, under the name of Janus Weathercock. He was a man of many sentimentalities and super-refinements. He hated "all vulgarity" and "sordid instincts." His tastes were sensual in every respect. His means were not sufficient to satisfy his desires for luxurious foods and drinks, for fine perfumes, for large jewels to wear. He could not live without luxuries. About the date when his chief literary activities ceased, about thirty years of age, he forged a power of attorney with the names of his trustees, assigning to himself the principal of five thousand pounds, of which he was enjoying the interest. This offence, then capital, remained undetected for twelve years. He is described at this time as a "smart, lively, clever, heartless, voluptuous coxcomb." He was tall, stooping slightly, of dark hair and complexion, deeply set eyes, stealthily but fascinating, a large and massive head. He married a young lady, poor but gay and brilliant. She had a widowed mother and two half sisters. The young couple lived improvidently. An uncle, C. E. Griffiths, who was well off, offered them a home, which offer was accepted. A year after, the uncle, after a short illness, died very unexpectedly, leaving his property to his nephew and niece. This money went rather fast; and there were no longer any expectations from relations. The stepmother and her daughters (the Abercrombies) were poor; their schemes to earn a living were not successful. The Abercrombies were obliged to live with the Wainwrights in the mansion they inherited. A very few months after this Mrs. Abercrombie died, like old Mr. Griffiths, very suddenly, in convulsions. No benefits, however, followed her death. Affairs continued to grow worse. Soon the bailiffs were in the house and there was a bill of sale on the furniture. The Wainwrights and Abercrombies migrated to handsome lodgings in Conduit street, near Regent street. They frequently went to the play. One night, very soon after their arrival, Helen Abercrombie, who wore the thin shoes then always used by

women, got her feet wet and became ill. She was assiduously attended by Wainwright and his wife, who held frequent consultations as to her treatment by certain powders. In a few days she died with the same symptoms as her mother, the same symptoms as Mr. Griffiths, "brain mischief," the doctor called it. She died on the day on which the bill of sale became due. After her death it was found that her life had, during the same year, been insured in various companies for ninety thousand dollars. Helen Abercrombie was a beautiful, very healthy girl; her death created suspicions and gave rise to law suits which, on the slight but definite ground of misrepresentation, were decided in favor of the companies. Meanwhile Wainwright found it convenient to leave England (he had separated from his wife after the death of Helen Abercrombie), and took refuge with a rather impecunious gentleman, who lived with his daughter at Boulogne. He persuaded this gentleman to obtain money to effect a loan by insuring his life. After the policy had been effected, this gentleman died suddenly. Wainwright next travelled in France, doubtless for excellent reasons, under an assumed name. He fell into the hands of the police, but not being able to give a good account of himself, was imprisoned for six months. The French police found that he carried about with him strychnine at that time. This was put down to English eccentricity. There was a warrant out against Wainwright for forgery. He was lured over to England by a detective, with the aid of a woman, and arrested. He was tried for forgery and condemned to transportation for life. At this time suspicions of the doctor who attended Helen Abercrombie were roused. Wainwright himself, after his condemnation, admitted to visitors with extraordinary vanity and audacity his achievements in poisoning, and elucidated his methods. He kept a diary in which he recorded his operations with much complacency. The one thing that moved Wainwright was being placed in irons in the hold of the ship. "They think me a desperado! Me, the companion of poets, philosophers, artists and musicians, a desperado; you will smile

at this—no, I think you will feel for the man, educated and reared as a gentleman, now the mate of a vulgar ruffian and country bumpkins". At Hobart Town, on two occasions, he endeavored to poison persons who had excited his animosity. He is described at the same time by one who knew him well "as a man with a massive head, in which the animal propensities were largely developed." His eyes were deeply set in his head; he had a square, solid jaw and snake like expression, which was at once repulsive and fascinating. He rarely looked you in the face. His conversation and manner were winning in the extreme; he was never intemperate, but grossly sensual in habits and an opium eater. As to moral character, he was a man of the very lowest stamp. He seemed to be possessed by an ingrained malignity of disposition which kept him constantly on the very confines of murder. He took a perverse pleasure in traducing persons who had befriended him. He was a marked man in Hobart Town—dreaded, disliked and shunned by everybody. His sole living companion was a cat, for which he evinced an extraordinary affection. He died of apoplexy in 1832, at fifty-eight.

(To be continued.)

EROTIC SYMBOLISM.

BY HAVELOCK ELLIS, M. D.,

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WHEN among women animal perversions appear, the animal is nearly always a pet dog. Usually it is taught to give gratification by cunnilinctus. In some instances coitus between the animal and woman occurs. In a German medico-legal case of cunnilinctus by a dog, cited by Moll,* the issue was raised whether the act should be considered an unnatural crime or simply an offense against decency. The lower court regarded it as the former while the higher took the more merciful view. In a case reported by Pfaff,† a country girl was accused of coitus with a large dog. On examination a loose hair microscopically shown to belong to the dog, was found by Pfaff in the girl's thick pubic hair. While this evidence might indicate contact, it did not prove coitus. This has undoubtedly occurred from time to time more or less openly. Bloch‡ has cited evidence as to the frequency of cunnilinctus, coitus and even paedication between women and dogs. In a Nebraska case, a smart, pretty, well-educated twenty-six-year-old country girl had a profuse, offensive, greenish-yellow discharge glueing the parts together. This which had come on suddenly, had existed for a week. After cleansing the external genitals and opening the labia, three rents were found, one through the fourchette and two through the left nympha. The vagina was excessively congested and covered with

**Untersuchungen über die Libido Sexualis*, B. I, p. 697, 698.

†*Beitr. zur Aetiologie der Psychopathia Sexualis*.

‡*Weekly Medical Review*, 1898.

points, bleeding on the slightest touch. Coitus was denied. Menstruation was stopped; the girl was terribly worried about pregnancy. Under pressure, she admitted that once while playing with the genitals of a large dog, she became excited and thought she would have slight connection. After the dog had entered she was unable to free herself, as he clasped her so firmly with his fore legs. The penis soon became so swollen that the dog could not free himself. For more than an hour, the most persistent efforts were made, resulting in the ruptures before described, followed immediately by inflammation and the discharge.*

An Indiana girl who subsequently became a sadistic invert and was treated by J. G. Kiernan, had her first initiation in sexual matters through a dog licking her clitoris. Subsequently coitus occurred after she had beaten the dog. The initiation here described is according to Garnier,† far from infrequent. He remarks that domestic animals, dogs and cats above all, in licking the sexual parts of young children, little girls in particular, have incited them to masturbation, drawing the organ from its torpor. Hufeland reports the case of a little three-year-old girl seated on a tabouret, playing with a dog placed between her thighs which she held clasped against her. Excited doubtless by the contact and heat of her legs the dog's genital instinct was awakened and copulation resulted. Similar effects were produced in the vagina to those just cited. I. C. Rosse‡ reports the case of a young white single woman surprised copulating with a large mastiff whose endeavors to release himself caused fatal vaginal hemorrhage. The bony structure of the dog's penis and the reversal attempted after completion of the canine sexual act, would be very likely to inflict the wounds described in these cases.

Bloch remarks that these acts constitute not infrequent exhibitions given by harlots in brothels. Maschka describes

*Schurig brought together a number of facts and fables in the early literature regarding congress of women with dogs, goats and other animals, at the beginning of the 18th century, in his *Gynaecologia*, Sect. II, Cap. VII. I have not drawn on this collection.

†Onanisme.

‡*Va. Med. Monthly*, Oct., 1892.

such an exhibition between a harlot and a bull dog in Paris. According to Rosse, a similar performance between a harlot and a Newfoundland dog could be witnessed in San Francisco on payment of a small sum. According to the harlot, a woman who had once copulated with a dog would ever afterwards prefer it to a man. Rosse describes similar performance between a harlot and a donkey in Europe. Performances of this kind probably occur in all large cities. In one instance in Chicago, the donkey trampled the harlot causing fatal peritonitis; the case was hushed up by the police. Juvenal* mentioned such relations between donkeys and women. Krauss† states, that in Bosnia, women sometimes carry on such practices with dogs, and, also, as he observed on one occasion, with cats. Women are known to have had intercourse with other animals, occasionally or habitually in various parts of the world. It seems to Moll, an indication of abnormal interest in monkeys, that women should be such frequent visitors to monkey houses of zoologic gardens.

The traveler Castelnau tried to purchase an enormous goat-monkey belonging to an Indian woman, living near the Amazon. Though he offered a large sum, the woman only laughed. "Your efforts are useless" remarked an Indian in the same cabin, "he is her husband."

In animals, conditions allied to fetichism occur. In a case reported by L. B. Allen of Humboldt, Neb.,‡ a donkey was kept for breeding purposes. When first purchased, the donkey was markedly slow in and indifferent to coitus and sometimes absolutely refused it. This continued so long, the donkey was considered worthless for breeding purposes. One day while the donkey and a mare were in the enclosure and the donkey could not be induced to perform, a cow stopped on the outside. The donkey saw her through the cracks of the building, began to bray and manifested sexual power to an extreme degree. The previous sluggishness and indifference always changed to ardent sexual

*VI, 832.

†Cited by Bloch, op. cit.

‡*Medical Standard*, Vol. XII, 1892, p. 21.

feeling when a cow was present. The owner thereafter always led a cow into the enclosure with a mare and no further trouble was experienced.

Sometimes, women and men find gratification in sexual manipulation of animals without congress. This is illustrated in the Nebraska case just cited and by an observation communicated to me by a clergyman: "In Ireland, my father's house adjoined the residence of an archdeacon of the established church. Then about 20 I was still kept in religious awe of evil ways. The archdeacon had two daughters, whom he brought up very strictly, resolved that they should grow up examples of virtue and piety. Our stables adjoined, and were separated only by a thin wall in which was a doorway closed up by some boards, as the two stables had formerly been one. One night I had occasion to go to our stable to search for a garden tool I had missed, and I heard a door open on the other side, and saw a light glimmer through the cracks of the boards. I looked through to ascertain who could be there at that late hour, and soon recognised the stately figure of one of the daughters, who was tall, dark and handsome. She had never made any advances to me, nor had I to her. She was making love to her father's mare after a singular fashion. Stripping her right arm, she formed her fingers into a cone, and pressed on the mare's vulva. I was astonished to see the beast stretching her hind legs as if to accommodate the hand of her mistress which she pushed in gradually and with seeming ease to the elbow. At the same time she seemed to experience the most voluptuous sensation, crisis after crisis arriving." My correspondent adds that being exceedingly curious in the matter he tried a somewhat similar experiment himself with one of his father's mares and experienced what he describes as "a most powerful sexual battery" which produced very exciting and exhausting effects.

Nacke* refers to an idiot who thus manipulated the vulva of mares in his charge. The case has been recorded by Guillereaut† of a youth who was accustomed to introduce

**Psychiatrische en Neurologische Bladen*, 1899, no. 2.

†*Jour. de Medecine Veterinaire et de Zootechnie*, Jan. 1899.

his hand into the vulva of cows in order to obtain sexual excitement.

The possibility of sexual excitement between women and animals involves a certain degree of sexual excitability in animals from contact with women. Darwin stated that there could be no doubt that various quadrumanous animals could distinguish women from men—in the first place probably by smell and secondarily by sight—and be then liable to sexual excitement. He quotes the opinions on this point of Youatt, Brehm, Sir Andrew Smith and Cuvier.* Moll† quotes the opinion of an experienced observer to the same effect. Bloch does not consider that animals will of their own motion sexually cohabit with women, but that they may be easily trained to it. Dogs at all events are sometimes sexually excited by the presence of women, perhaps especially during menstruation. Women often bear testimony to embarrassing attentions sometimes received from strange dogs.

There can be no difficulty in believing that, so far as *cunnilinctus* is concerned dogs would require no training. In a case recorded by Moll‡ a lady states that this was done to her when a child, as also to other children, by dogs who, she said, showed signs of sexual excitement. In this case there was also sexual excitement thus produced in the child, and after puberty mutual *cunnilinctus* was practised with girl friends. Guttceit|| remarks that some Russian officers who were in the Turkish campaign of 1828 told him that from fear of venereal infection in Wallachia they refrained from women and often used female asses which appeared to show signs of sexual pleasure.

A very large number of animals have been recorded as having been employed in the gratification of sexual desire, at some period or in some country, by men and women.

*Descent of Man.

†Libido Sexualis Konträre Sexual Empfindung.

‡Dreissige Jahr Praxis.

||It is worth noting that in Greek the word Choiros means both a sow and a woman's pudenda; in the *Acharniam* Aristophanes plays on this association at some length. The Romans also (as may be gathered from Varro's *De Re Rustica*) called the feminine pudenda *porcus*.

Domestic animals are naturally those which most frequently come into question and there are few if any of these which can altogether be excepted. The sow is one of the animals most frequently abused in this manner.* Cases in which mares, cows and donkeys figure constantly occur, as well as goats and sheep. Dogs, cats and rabbits are heard of from time to time. Hens, ducks, and, especially in China, geese, are not uncommonly employed. The Roman ladies had an abnormal affection for snakes. The bear and the crocodile also have been employed.

The social and legal attitude towards bestiality has reflected in part the frequency with which it has been practised and in part the disgust mixed with mystical and sacreligious horror which it has aroused. It has sometimes been met merely by a fine, and sometimes the offender and his innocent partner have been burnt together. In the middle ages and later, its frequency is attested by the fact that it formed a favorite topic with preachers of the fifteenth and sixteenth centuries. It is significant that it was thought necessary to fix the periods of penance which should be undergone respectively by bishops, priests and deacons who should be guilty of bestiality.

Egbert's Penitential, a document of the ninth and tenth centuries, states (v. 22) "Item Episcopus cum quadrupede fornicans VII annos, consuetudinem X, presbyter V, diaconus III, clerus II." There was a great range in the penances for bestiality, from ten years to (in the case of boys) one hundred days. The mare is specially mentioned.† Theodore's Penitential, an Anglo-Saxon document of about the same age, those who habitually fornicate with animals are adjudged ten years of penance. According to *Penitientiale Pseudo-Romanum* (which is earlier than the eleventh century) one year's penance was adequate for fornication with a mare when committed by a layman‡ (exactly the same

*Schurigius, *Gynaecologia*, pp. 280-387; Bloch, *op. cit.* 270-277. The Arabs according to Kocher, chiefly practise bestiality with goats, sheep and mares. The Annamites, according to Mondiere, commonly employ sows and (more especially the young women) dogs. Among the Tamils of Ceylon bestiality with goats and cows is said to be very prevalent.

†Stubbs, *Councils and Ecclesiastical Documents*, vol. III, p. 422.

‡Wasserschleben, *Die Bussordnungen der Abendländischen Kirche*, p. 366.

as for simple fornication with a widow or virgin) and this was mercifully reduced to half a year if he had not a wife. The *Penitentie Hubertense* (emanating from the monastery of St. Hubert in the Ardennes) fixes ten years penance for sodomy, while Fulbert's Penitential (about the eleventh century) fixes seven years for either sodomy or bestiality. Burchard's Penitential, which is always detailed and precise, specially mentions the mare, the cow and the ass and assigns forty days bread and water and seven years penance, raised to ten years in the case of married men. A woman having intercourse with a horse is assigned seven years penance in Burchard's Penitential.*

The extreme severity which was frequently exercised towards those guilty of this offence was doubtless in large measure due to the fact that bestiality was regarded as a kind of sodomy, an offence which was frequently viewed with a mystical horror apart altogether from any actual social or personal injury it caused. The Jews seem to have felt this horror; it was ordered that the sinner and his victim should both be killed.† In the middle ages, especially in France the same rule often prevailed. Men and sows, men and cows, men and donkeys were burnt together. At Toulouse a woman was burnt for having intercourse with a dog. Even in the seventeenth century, a learned French lawyer, Claude Lebrun de la Rochette, justified such sentences.‡ It seems probable that even to-day, in the social and legal attitude towards bestiality, sufficient regard is not paid to the fact that this offence is often committed either by persons who are morbidly abnormal or who are of so low a degree of intelligence that they border on feeble-mindedness.

A remarkable form of erotic symbolism—very definite and standing clearly apart from all other forms—is one where sexual gratification is experienced in the simple act of exhibiting the sexual organ to persons of the opposite

**Wasserschleben*, *ib.* pp. 661, 669.)

†*Exodus*, Ch. 22, v. 19; *Leviticus*, Ch. 20, v. 15.

‡*Mantegazza* (*Gli Amori degli Uomini*, cap. V) brings together some facts bearing on this matter.

sex, usually by preference to young and presumably innocent persons, very often children. This is termed exhibitionism.* It would appear to be a not very infrequent phenomenon, and most women, once or more in their lives, especially when young, have encountered a man who has thus deliberately exposed himself before them.

The exhibitionist, though often a young and apparently vigorous man, is always satisfied with the mere act of self-exhibition and the emotional reaction which that act produces; he makes no demands on the woman to whom he exposes himself; he seldom speaks, he makes no effort to approach her; as a rule he fails even to display the signs of sexual excitation. His desires are completely gratified by the act of exhibition and by the emotional reaction it arouses in the woman. He departs satisfied and relieved.

A case recorded by Shrenck-Noetzing† very well represents both the nature of the impulse felt by the exhibitionist and the way in which it may originate. The case was that of a business man of 49, of neurotic heredity, an affectionate husband and father of a family, who to his own grief and shame is compelled from time to time to exhibit his sexual organs to women in the street. As a boy of 10, a girl of 12 tried to induce him to coitus; both had their sexual parts exposed. From that time sexual contacts, as of his own naked nates against those of a girl, became attractive, as well as games in which the boys and girls in turn marched before each other with their sexual parts exposed, and likewise imitation of the copulation of animals. Coitus was first practised about the age of 20, but sight and touch of the woman's sexual parts were always necessary to produce sexual excitement. It was also necessary—and this consideration is highly important as regards the development of the tendency to exhibition—that the woman should be excited by the sight of his organs. Even when he saw or touched a woman's parts

*Lasague first drew attention to this sexual perversion and gave it its generally accepted name, "Les Exhibitionistes," *L'Union Médicale*, May, 1877. Magnan, on various occasions (for example, "Les Exhibitionistes," *Archives d'Anthropologie Criminelle*, Vol. V, 1890, p. 456) has given further development and precision to the clinical picture of the exhibitionist.

†*Kriminal-psychologische und Psycho-pathologische Studien*, 1902, pp. 50-57.

orgasm often occurred. It was the naked sexual organs in an otherwise clothed body which chiefly excited him. He was not possessed of a high degree of potency. Girls between the ages of 10 and 17 chiefly excited him, and especially if he felt that they were quite ignorant of sexual matters. His self-exhibition was a sort of psychic defloration, and it was accompanied by the idea that other people felt as he did about the sexual effects of the naked organs, that he was shocking, but at the same time sexually exciting a young girl. He was thus gratifying himself through the belief that he was causing sexual gratification to an innocent girl. This man was convicted several times and was finally declared to be suffering from impulsive insanity. Schrenck-Netzing reports also a case of an actor and portrait painter, aged 31, in youth masturbated and was fond of contemplating the images of the sexual organs of both sexes, finding little pleasure in coitus. At the age of 24 at a bathing establishment he happened to occupy a compartment next to that occupied by a lady, and when naked he became aware that his neighbour was watching him through a chink in the partition. This caused him powerful excitement and he was obliged to masturbate. Ever since he has had an impulse to exhibit his organs and to masturbate in the presence of women. He believes that the sight of his organs excites the woman.* The presence of masturbation in this case renders it untypical as a case of exhibitionism. Moll† goes so far as to assert that when masturbation takes place we are not entitled to admit exhibitionism. The act of exhibition itself gratifies the sexual impulse and usually it suffices to replace both tumescence and detumescence.

A fairly typical case, recorded by Krafft-Ebing,‡ is that of a German factory-worker of 37, a good sober and intelligent workman. His parents were healthy but one of his mother's and also one of his father's sisters were insane; some of his relatives are eccentric in religion. He has a

**Ib.* pp. 57-68.

†*Untersuchungen über die Libido Sexualis*, Bd. I, p. 661.

‡*Op. cit.* pp. 492-494.

languishing expression and a smile of self-complacency. He never had any severe illness but has always been eccentric and imaginative, much absorbed in romances (such as Dumas's novels) and fond of identifying himself with their heroes. No signs of epilepsy. In youth moderate masturbation, later moderate coitus. He lives a retired life but is fond of elegant dress and of ornament. Though not a drinker he sometimes makes himself a kind of punch which has a sexually exciting effect on him. The impulse to exhibitionism has only developed in recent years. When the impulse is upon him he becomes hot, his heart beats violently, the blood rushes to his head, and he is oblivious of everything around him that is not connected with his own act. Afterwards he regards himself as a fool and makes vain resolutions never to repeat the act. In exhibition the penis is only half erect and ejaculation never occurs. (He is only capable of coitus with a woman who shows great attraction to him.) He is satisfied with self-exhibition and believes that he thus gives pleasure to the woman since he himself receives pleasure in contemplating a woman's sexual parts. His erotic dreams are of self-exhibition to young and voluptuous women. He had been previously punished for an offence of this kind; medico-legal opinion now recognised the incriminated man's psychopathic condition.

Trochon* has reported the case of a married man of 33, a worker in a factory, who for several years had exhibited himself at intervals to shop-girls, etc., in a state of erection but without speaking or making other advances. He was a hard-working, honest, sober man of quiet habits, a good father to his family and happy at home. He showed not the slightest sign of insanity. But he was taciturn, melancholic and nervous; a sister was an idiot. He was arrested but on the report of the experts that he committed these acts from a morbid impulse he could not control, he was released.

In a case of Freyer† the occasional connection of

**Arch. de l'Anthropologie Criminelle*, 1888, p. 256.

†*Zeitschr. b. Medizin beamte Jahr*, III, No. 8.

exhibitionism with epilepsy is well illustrated by a barber's assistant, aged 35, whose father suffered from chronic alcoholism and was also said to have committed the same kind of offence as his son. The mother and a sister suffered nervously. From ages of 7 to 18 the subject had epileptic convulsions. From 16 to 21 he indulged in normal sexual intercourse. At about that time he had often to pass a playground, and at times would urinate there; it happened that the children watched him with curiosity. He noticed that when thus watched sexual excitement was caused, inducing erection and even ejaculation. He gradually found pleasure in this kind of sexual gratification; finally he became indifferent to coitus. His erotic dreams, though still usually about normal coitus, were now sometimes concerned with exhibition before little girls. When overcome by the impulse he could see and hear nothing around him, though he did not lose consciousness. After the act is over he was troubled by his deed. In all other respects he is entirely reasonable. He was imprisoned many times for exhibiting himself to young schoolgirls, sometimes vaunting the beauty of his organs and inviting inspection. On one occasion he underwent mental examination but was considered to be mentally sound. He was finally held to be a hereditarily tainted individual with neuropathic constitution. The head was abnormally broad, penis small, patellar reflex absent, and there were many signs of neurasthenia.

The prevalence of epilepsy among exhibitionists is shown by the observations of Pelanda in Verona.* He has recorded six cases of this perversion, all of which eventually reached the asylum and were either epileptics or with epileptic relation. One had a brother who was also an exhibitionist. In some cases the penis was abnormally large, in others abnormally small. Several had very weak sexual impulse; one, at the age of 62, had never effected coitus and was proud of the fact that he was still a virgin, considering, he would say, the epoch of demoralization in which we live.

In a very typical case of exhibitionism which Garnier†

**Arch. di Psichiatria*, III-IV, 1889.

†*International Medical Congress Trans.*, 1900.

has recorded, a certain X, a gentleman engaged in business in Paris, had a predilection for exhibiting himself in churches, more especially in Saint-Roche. He was arrested several times for exposing his sexual organs here before ladies in prayer. In this way he finally ruined his commercial position in Paris and was obliged to establish himself in a small provincial town. Here again he soon exposed himself in a church and was again sent to prison, but on his liberation immediately performed the same act in the same church, in what was described as a most imperturbable manner. Compelled to leave the town he returned to Paris and in a few weeks' time was again arrested for repeating his old offence in Saint-Roche. When examined by Garnier the information he supplied was vague and incomplete and he was very embarrassed in the attempt to explain himself. He was unable to say why he chose a church but he felt that it was to a church that he must go. He had, however, no thought of profanation and no wish to give offence. "Quite the contrary!" he declared. He had the sad and tired air of a man who is dominated by a force stronger than his will. "I know," he added, "what repulsion my conduct must inspire. Why am I made thus? Who will cure me?"

In some cases, it would appear, the impulse to exhibitionism may be overcome or may pass away. This result is the more likely to come about in those cases in which exhibitionism has been largely conditioned by chronic alcoholism, or other influences, tending to destroy the inhibiting and restraining action of the higher centres, which may be overcome by hygiene and treatment. In this connection I may bring forward a case which has been communicated to me by a medical correspondent in London. It is that of an actor, of high standing in his profession and extremely intelligent, 49 years of age, married and father of a large family. He is sexually vigorous and of erotic temperament. His general health has always been good but he is a high-strung, neurotic man, with quick mental reactions. His habits had for a long time been decidedly alcoholic but two years ago, a small quantity of albumen being found in the

urine he was persuaded to leave off alcohol and has since been a teetotaller. Though ordinarily very reticent about sexual matters, he began four or five years ago to commit acts of exhibitionism, exposing himself to servants in the house and occasionally to women in the country. This continued after the alcohol had been abandoned and lasted for several years though the attention of the police was never attracted to the matter and so far as possible he was quietly supervised by his friends. Nine months ago the acts of exhibitionism ceased, apparently in a spontaneous manner, and there has so far been no relapse.

Under the title "bustle-rubbers," a certain class of exhibitionists are known to the park police of all large American cities. While by no means a small proportion of these are victims of parietic dementia, epilepsy or mental deterioration, a large proportion of them are perfectly sane. They are quite frequently brought under cognizance of the law, but are usually fined for that omnibus of crime "disorderly conduct," which may include anything from simple drunkenness to criminal assaults by boys under fourteen.

Exhibitionism is an act which, on the face of it, seems nonsensical and meaningless, and as such, as an inexplicable act of madness, it has frequently been treated both by writers on insanity and on sexual perversion. "These acts are so lacking in common sense and intelligent reflection that no other reason than insanity can be offered for the patient," Ball concluded.* Moll, also, who defines exhibitionism somewhat too narrowly as a condition in which "the charm of the exhibition lies for the subject in the display itself," not sufficiently taking into consideration the effect on the spectator, concludes that "the psychological basis of exhibitionism is at present by no means cleared up."†

We may probably best approach exhibitionism by regarding it as fundamentally a symbolic act based on a perversion of courtship. The exhibitionist displays the organ of sex to a feminine witness and in the shock of modest sexual shame by which she reacts to that spectacle,

**La Folie Erotique*, p. 86.

†*Untersuchungen über die Libido Sexualis*, Bd. 1, p. 661.

he finds a gratifying similitude of the normal emotions of coitus.* He feels that he has effected a psychic defloration.

Exhibitionism is thus analogous, and indeed related, to the impulse felt by many persons to perform indecorous acts or tell indecent stories, before young and innocent persons of the opposite sex. This is a kind of psychic exhibitionism, the gratification it causes lying, exactly as in physical exhibitionism, in the emotional confusion which it is felt to arouse. The two kinds of exhibitionism may be combined in the same person: thus, in a case recorded by Hoche the exhibitionist, an intellectual and highly educated man with a doctor's degree, also found pleasure in sending indecent poems and pictures to women, whom, however, he made no attempt to seduce; he was content with the thought of the emotions he aroused or believed that he aroused.

*"Exhibitionism in its most typical form is," Garnier truly says, "a systematic act, manifesting itself as the strange equivalent of a sexual connection, or its substitution." The brief account of exhibitionism (pp. 433-437) in Garnier's discussion of "Perversions Sexuelles" at the International Medical Congress at Paris in 1900, *Section de Psychiatrie: Comptes Rendus*, is the most satisfactory statement of the psychological aspects of this perversion with which I am acquainted. Garnier's unrivalled clinical knowledge of these manifestations due to his position during many years as chief physician at the Depot of the Prefecture of Police in Paris adds great weight to his conclusions.

(To be continued.)

PSYCHOENCEPHALONASTHENIA OR CEREBRASTHENIA SIMPLEX, AND PSYCHOENCEPHALONASTHENIA OR CEREBRASTHENIA INSANIENS.

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IN number four of volume one, October 1880 of my own journal *The Alienist and Neurologist* (that is twenty-six years past,) I published from an alienist's standpoint "Notes on Neurasthenia"† intended mainly at that time to introduce the views of a pioneer American writer on this subject, who antedated Beard in describing this disease. That American writer was Dr. E. H. Van Deusen, to whom I have already referred. At the same time and place I also wrote, "To the neurologist neurasthenia is not novel, and alienist physicians have long been familiar with it. Its frequent sequence is insanity, its principal and most characteristic symptoms are psychical, for its presence is often first revealed in Cerebrasthenia as likewise its approach."

"The general practitioner as well as the neurologist and alienist, have often encountered it and treated it under the form of general debility, hysteria or chronic malarial poisoning. From time immemorial it has been more or less clearly discerned; even Hypocrates treated it and the other Continental and old English writers saw it, though darkly, as through a glass of the ancient days.

*An elaboration of paper prepared for XV Int. Med. Cong. at Lisbon, which author unavoidably failed to attend.

†*Alienist and Neurologist*, October, 1880, p. 487 et seq.

"The term is an older one than the science of neurology. More than a quarter," (now half a) "century ago Dunglisons' dictionary gave its derivation from the Greek for a nerve and debility, with a Latin synonym of debilitus nervosa. This is the true signification—debility of the nervous system, nervous exhaustion, with this qualification that the disease, neurasthenia, as contra-distinguished from physiological nerve exhaustion or the coincident nervous debility of other diseases is essentially, a chronic and slowly culminating exhaustion of the nervous system not necessarily or demonstrably, due to recognizable precedent changes in the blood, but inherent in the (cerebro) spinal or sympathetic systems or in both."

In a supplement to the biennial report of the Michigan Asylum for the Insane for 1867-8, under the caption of "Observations on a Form of Nervous Exhaustion (Neurasthenia) Culminating in Insanity, Van Deusen said: 'Our observations have lead us to think that there is a disorder of the nervous system, the essential character of which is well expressed by the term given above, and so uniform in development and progress that it may, with propriety, be regarded as a distinct form of disease.' "

Van Deusen discussed its irritability and hyperaesthesia, its cerebral hyperaemias and anemias and the secondary hyperaemias that other observers regarded as the *fons malorum* itself, and proceeded to mention the headaches, sleeplessness, mental depression and uterine disturbances, etc. through deficient innervation among women.

In noting the psychic symptoms he made much of morbid distrust, because he saw more of the morbid distrustful suspicious symptoms as seen in his extreme cases, such as lead physicians to certify to mental aberration, as in the doubts of religious melancholia, business suspicions, distrust of friends, jealousy and features of *folie du dout*. But he overlooked those forms of morbid fear described so well by Beard as Beard found them and others have since. Beard recognized them before they had culminated in insanity. Neurasthenia or insane psychoasthenia as seen in a hospital for the insane is the culminating and culminated

delusional sequence of the doubting fears of simple neurasthenia. Beard observed, collected, classified and described various morbid or exaggerated and unreasonable fears as symptomatic of neurasthenia, conceding that "the emotion of fear is normal to the human mind," like the instinct and emotion of courage is, as Dowse observes. He made morbid phobias, *i. e.* fears unnatural to the individual, a symptomatic expression of neurasthenia and fears of course are always of psychic cortex origin, normal or abnormal. "In the pathology of functional nervous diseases" he said "the difference between health and disease is of degree rather than of kind, the phenomena that belong to it we call disease, passing, by indefinite and not distinctly defined gradations, into the phenomena of what we call disease;" pathology here* is simply a debility, a weakness and incompetency and inadequacy as compared with the normal state of the individual. A healthy man fears, but when he is functionally diseased in his nervous system he is liable to fear all the more and to have the normal necessary fear of his physiological condition descend into a pathological state simply from lack of force in his disordered nervous system. The debility of the brain—the nerve center impoverishment, renders it impossible to meet responsibility, just as paraplegia makes it difficult or impossible to walk; morbid fear is indeed but a psychical paralysis, but of a functional rather than an organic nature."†

While the symptoms of neurasthenia as Beard saw them, are mostly psychical including with its ordinarily characteristic fears, the hopelessness, indecision, excessive blushings, emotional erethemas, profuse sweatings and hyperaesthesias, certain cerebro-neurotic caprices and certain accompaniments of its cephalgias and some of the symptoms which have been characterized by the ill-informed as mere imaginations or hysteria. Beard recognized that these did not, *per se*, constitute insanity, because as he said, they were not delusions and he, at that early day, when his first edition appeared controverted the erroneous opinion now repeated by some

*The shady side of physiology, morbid fears.

†Nervous exhaustion (Neurasthenia) First Edition, 1880, pp. 26-7.

more lacking in clinical cerebro-psychological power of diagnostic differentiation, that neurasthenia in cerebrosychic form is always insanity. "They are not found in insanity itself save as delusions or hallucinations" he says and "the habit of calling them forms of mania or delusion is not based on fact or a right study of these cases"* and this is the psychiatric truth as the true alienist sees it.

The true criterion of insanity in the cerebropsychic asthenia or the brain and mind form of neurasthenia is delusion, illusion or hallucination one or all combined making the true change of character sign which characterizes acquired insanity as distinguished from its rare idiopathic forms. This includes obsessions.

Now let us briefly recall the mental symptoms of simple psychocerebral asthenia and compare them with cerebrasthenia passed into insanity and in doing this we need but recount the fears and apprehensions and dreads and timidities of mental display, with developed illusion, hallucination or delusion, for there is an element of these, if the subject be rightly regarded from the standpoint of correct clinical observation, in all true insanity. Some alienists justly insist that perceptible delusion is not a necessary criterion of insanity, but I maintain that a delusional element tinctures and characterizes all insanity. It is not always a clearly definable delusion formulatable in words but a delusion manifest in the psychical life and conduct, a delusive impression or feeling dominating the character.

The occupation neuroses are psychomotor neurasthenias or have passed through a stage of neurasthenia to a more advanced neurotic motor degeneracy. These occupation neuroses are often associated with general neurasthenia. Sometimes the occupation neurosis in its early stage is only psychical, one of the neurasthenic fears of inability to do accustomed dextrous work, as that of the typewriters and piano player's neurosis in the early stage, but the phobia sooner or later passes into the real inability of occupation paralysis or spasm. I have seen the inability fear of the stenographer pass into real pen or pencil paralysis and

* Work cited, p. 89.

other fears of neurasthenia follow and pass into the positive delusions of insanity. I have seen true folie du toucher follow mysophobia and haphophobia pass into haphemania, the patient scream and crouch with insane fear at the slightest touch or run at ones approach.

The delusions of insanity and the timidities, doubts and fears of neurasthenia appear closely allied, yet are often only apparently connected. There is often an impassable neurotic gulf between them. Some neurasthenics would never become insane. They will have their morbid fears and weariness, leading to rest and the dispersion of their fears. The extreme irritability of others will not allow them to rest and they pass on, if not helped out of their dilemma by our art, into grave restless insomnia and delusion. The impassable gulf between the neurasthenic who will recover by nature's aid alone and opportunity for rest is the one with comparatively little inherent instability of psychic nervous element. The predestined neurasthenic lunatic, unless his insanity be timely arrested by our art, is he who is gravely dowered with the fatal heritage of cerebro-psychopathy. Then his fears, if unarrested by help from without himself, soon become facts and convictions, his doubts delusions. His timid apprehensions are transformed by his inherent neuromorbid diathesis into visions of horrible, even demoniac dread. His neurasthenia culminates into mania or in milder forms of delusional insanity. Maybe in melancholia, only.

The non-insane cerebropsychic neurasthenic has phobias but not delusions. He has fears and dreads and timidities and irresolution, but not delusional convictions of suspicions, distrust, antipathies, jealousies, etc. He **knows** he has fears but they are morbid apprehensions not diseased delusions. The non-insane is simply apprehensive of some unpleasant happening or calamity; the insane cerebrasthenic realizes it in delusive verity. The morbid fear has become a delusioned fact to the lunatic, which no reasoning can remove, or if he transiently assents to your reasoning as to its unreality, the delusion immediately returns to him.

Besides the myatony of neurasthenia or myoneurasthenia as it has been termed, or the influences on the nerve

endings of myosinogen transformed through the general neuratony into myosin and its influences on the sensory nerve endings, causing those myoneuralgias which have been termed myalgia and that painful sense of muscular weariness that goes up to the neurasthenic brain, to add to its often indescribable misery, that overwhelming feeling of exhaustion harrasses him, to which the brain and other nerve center disintegrations also contribute the materials of neurogenous disintegration. Neuroid or neurogenous excretion from excessive aberrant neurone activity in the higher brain centers also plays its oppressive and painful part in the psychalgias of cerebropsychic neurasthenia, as muscle waste does in neurasthenic myalgia.

The psychalgias of neurasthenia are revealed in the phobias, in their simpler forms, and in the positive delusions of neurasthenic insanity or graver states of cerbrasthenia. Let us name some of the more or less painful fears and compare them with morbid insane convictions of established mental aberration, its dreadful apparitions, its painful diseased feeling of the verities of the unreal, its unfounded suspicions and unreal distrusters, its reversions and revulsions of feeling and perception, emotion, thought and action. By this we may clearly see the difference between the mind yet sane in its higher psychic neurone grouping, still maintaining, under fearful stress its integrity and looking on at its abnormal brain changes, while in insanity, broken and vanquished centers of feeling, thought and action have become captive and a prey to forces of abnormal mentality imprisoned and enchained in delusion. Van Deusen, as we have seen, saw neurasthenia under the influence and dominion of the psychopathic diathesis, awakened from its inherent latency under psychoneuropathic strain, into specific activity, *i. e.* after it had reached the stage of recognized insanity and asylum incarceration. Beard saw it beyond and before this profounder psychopathic awakening and before it had passed the neuropathic line that demarcates sanity of mind from insanity thereof.

The phobias, like the irresolution, instability, timidity and feebleness of mental movement and character, except

under extraordinary goading to action, of neurasthenia, all involve the psychic sphere of the nervous system and demark, according to their various character, the non-insane from the delusion dominated brain of the gravely insane neurasthenic. The added factor of insane psycho-neurasthenia is confirmed delusional, or delusive conviction, as contradistinguished from mere neurasthenic fears, apprehensions, irresolution, timidity and that peculiar unconsciousness of being unequal to the demands of one's occupation or duties in life, such as simple neurasthenia of the mental sphere displays.

Exaggerated, egoistic or self-feeling of simple neurasthenia is similar, but differs markedly in degree and in kind from the morbid egoism of the cerebrasthenic insane person. The amnesia and perversions of special and general sensation are milder in degree and different often in kind from those of established neurasthenic insanity. Volition is impaired, but not so completely, in simple neurasthenia as in the gravest and more perverted psychic forms of insanity. Beard's "instinctive consciousness of inadequacy" to life's duty or business demands, is not so apparent in the delusion dominated cerebrasthenic as in its simpler and less grave states. Delusion inspired over-confidence may have taken the place of a previous neuropathic timidity, as in the earlier stages of neurasthenic paresis, the pre-paretic functional stage of the simulated forms of this disease of psychic exaltational delusion which I have seen recover under enforced brain rest, renewed neurotic reconstruction and changed environment as I have seen functional dementia senilis, (non-terminal,) recover. Neurasthenia and psycho-neurasthenia is common to old people and causes many cases of functional dementia not yet recognized as such in the literature, and here I record my conviction that the recoveries from dementia recorded by Clouston, seventy-two out of one hundred and two cases were senile neurasthenia or simple non-organic neurasthenic dementia as dementia precox appears to me to be in so many instances.

Insanity is a marked change of character disease. The brain and mind dominate the character and the brain's diseases may

modify mental movement to such a degree as to bring about that insane transformation of individuality which we term insanity. It is thus that cerebropsychasthenia may pass (unawares to the non-alienistic observer) into even marked mental aberration, without his detection, if he looks only for verbal or written expressed delusion. Or it may fall far short of that extreme mental derangement which we characterize as insanity, accordingly, as there underlies the neuropathic diathesis alone, or the simple or insane psychopathic, or all combined. It may be regarded as insanity when it is not, or as a pure neuropathy when it is not, by the non-alienist expert physician. It is especially a disease for the consideration of the neuro-alienist, and the altered character criterion is the best of alienism's data for judging whether a given case of neurasthenia is one of sanity or insane psychoneurasthenia, by change of character. I do not mean single or several mere phobias, but a single fear or an assemblage of fears transformed into such degree of delusion of dread, suspicion, apparition, etc., as alters the individuality or mental character compared with what is natural and normal to that individual in his sane state of mind. This is neurasthenia or psychasthenia insaniens.

Now, here are some of the phobias of neurasthenia in psychic form briefly mentioned for our study, and Beard's phobias shall come first in our enumeration in honor of his early recognition of them as "symptomatic of functional, never, or rarely, of organic disease," the existence of which, he says, "in a doubtful case of diagnosis would alone almost establish the nature of the disease."*

BEARDS' CLASSIFICATION OF THE MORBID FEARS OF NEURASTHENIA.

Astrophobia.—Fear of lightning.

Topophobia.—Fear of places.

SUBDIVISION.

Aggraphobia.—Fear of open places.

Claustrophobia.—Fear of narrow places.

*Op. Cit., p. 38.

This latter is from Machede, of Germany, amplified by Ball, of Paris, into inability to stay within doors, even when one does not require open air recreation.

Anthrophobia.—Fear of men; a generic term including fear of society. Subdivision: **Gynephobia.**—Fear of woman.

Monophobia.—Fear of being alone.

Pathophobia.—Fear of disease (hypochondriasis).

Pantophobia.—Fear of everything.

Phobophobia.—Fear of being afraid.

Mysophobia.—Fear of contamination. (Hammond.)

Under pantophobia, Beard included fear of responsibility, and mentions "the wife of one of his patients who has a morbid fear in reference to one of her sons, a lad of fifteen, which took possession of her about the time of the kidnapping of Charlie Ross, causing her to keep the boy almost a constant prisoner in her home."

Sideromophobia.—Fear of railroad travel.

First described by Rigier, of Germany. Attributed to the perpetual jarring, shaking and noise of railroad travel, and most common among railway engineers,

Under pantophobia, Beard mentions an astrophobic who regarded it, among other dreads, as an affliction to see her physician. Dowse had a similar patient. This is rare, as neurasthenics try all sorts of doctors and are as fond of therapeutic novelty as Harrison Ainsworth's Blaise, testing the various patent medicines of his day, in the time of the great London Plague. The osteopath, hydropath, electropath, mentopath and christopath, (Christian Science healer), massage healers and clairvoyants and watering places are the favorite resorts of such as are not troubled with neurotic, water or train travel phobia.

Beard mentions, although he does not name or include it in his table, the morbid fear of being at a great height or looking over precipices, **acrophobia**. A friend of mine couldn't occupy a front balcony seat in opera or theater without pallor, vertigo, perspiration, and an impulse to go over the railing.* Though he manfully tried, he could never overcome the trouble without feeling a morbid impulsion. To these fears, enumerated by Beard from his own and

*Obsession of Rigis and others.

others' observation, we might add the following, without by any means completing the polyphobic list of this phase of psychocerebrasthenic neurasthenias. The fear of being touched, as in the case related from our early personal observation, *phobopselaphesis*,* if our verbal coinage be acceptable, is the opposite contrasting symptom to Hammond's mysophobia. Then there is a fear of being seen and a shamefacedness which one sees in the asylums. One marked case, many years ago, when an asylum superintendent, (the case of L. P.,) forcibly impressed me and led to the seeking and finding of others in other institutions than our own. We called it *scopophobia*—a morbid dread of being seen. In minor degree it is morbid shamefacedness, and the patient covers the face with her or his hands. In greater degree the patient will shun the visitor and escape from his sight where that is possible. *Scopophobia* is more often manifest among women than among men.

Thanatophobia is morbid fear of death, common to certain psychoneurasthenics, as *nosophobiacs* or *pathophobiacs* and *hypochondriacs*, and *mysophobiacs* are fearful of contracting or of having disease, or that they already have disease. This condition is only in imaginings, and unreal. *Thalasophobia* has been very properly applied to that psychoneurasthenic fear which keeps certain neurasthenics from going on water voyages either by lake or river or sea, even though no previous sea sickness has been experienced. It is a morbid dread of wide expanse of water, and not from any previous distressing experience with *mal de mer*, a psychic hydrophobia not connected with the attempt to taste or swallow water, or associated with any spasmodic symptoms, as in ordinary clinical hydrophobia of toxic spinal cause.

The chief characteristics of a non-insane psychic neurasthenic are simple self-fears, autopsychic. The character of the fears of the insane neurasthenic are more delusive and pertain to the action of other persons.

Our knowledge of this remarkable neuropathy underlying so many and so much of the morbid mental processes that lead to the sequent dissolution of mind and its organ, has greatly advanced of late, and become so much more diffused among

**Pselaphophobia*.

general medical observers that no apology is deemed necessary for our intrusion of the cerebro-psychic aspects of the subject.

In fact we deem it an imperative duty to our confreres in the profession to present this subject from the standpoint of more than four decades of special and general clinical study of the subject with ample unremitting experience as physician, surgeon, alienist and neurologist.

Ailourophobia†, (Katiphobia, or Gatophobia,) is a typical monomania. The fear of cats in certain monopsychoneurotic and psychopathic persons dates back to the beginning of the life of the feline. Its oldest name, according to A. Rose, the precise and classical Greek onomatologist among the brethren of the medical profession, and Dr. Kenneth W. Milligan, the classical editor of the *St. Louis Medical Review*, is γαλεν, which nearly answers for that of our great ancient master in medicine, Galen. That American pioneer neurological savant, Dr. S. Weir Mitchell, among the numerous unique neuropathic features enlisting his descriptive pen, has called the condition ailourophobia.

The following is in part the classical comment verbatim of Dr. A. Rose on Dr. Mitchell's term ailourophobia:

"In my criticism of Dr. S. Weir Mitchell's ailourophobia I said Αἰλουρος is the comical name for cat, composed of αἶγλος and οὐρά (ὡς ἐκφράζοντος τὴν ἰδιάζουσιν τὴν γαλαῖς κίνησιν τῆς οὐρᾶς,) that is, to indicate the peculiar movements the cats perform with the tail). I said further ἡ γάτα or γάτος of the people's or vulgar language is not permissible in literary, much less in scientific language. Every Greek of learning will assure you that γάτος is not Greek at all; at least that was what Dr. B. Leonardos, the Director of the Museum of Inscriptions in Athens, the author of one of the most important Greek works, written in classical style, *Η Ολύμπια* told me when we conversed about the word. Besides, my daughter, who has been three years in the national school for girls, the Arsakeion, in Athens, can tell you that γάτα is excluded from regular Greek as much as the word "Tabby" for cat is excluded from regular English."

But Rose objects to the term ailourophobia as vulgar

because it incorporates with the Greek name αἰλουρος, the comical name for cat, using this term as indicative of the peculiar movements the cat performs with its tail.

Notwithstanding this objection of the scholarly and critical Dr. Rose, I am not sure that the peculiar movements of some of those human katiphobiacs (κατίφοβος), violative of all decorum and propriety at the sight or in the hearing of the *genus felis*, the unexpected purring or presence of a cat causing peculiar fright, contortions and exclamations, does not justify the term selected by Mitchell as most appropriate to this peculiar morbid fear, one of the most singular in the records of psychopathic mononeuratrophia, for these acroesthetic cat-fear victims who feel and fear catastrophe approaching whenever this harmless animal comes into their presence, are often apparently otherwise sane in their higher mental life, but they are demoralized, without normal will power, hysterical (somnavolistic, as I have heretofore characterized the hysteric,) in the presence or within scent or sound of one or more of the feline tribe. Considering the peculiar and ludicrous features of its psychic symptomatology, ailourotophobia, or gatophobia, or katiphobia, though the latter are of vulgar rather than classic Greek usage, is not so *mal apropos* after all.

We are a nation *sui generis* in word coinages, and are not sensitive for the classical and pedantic, as against the mongrel or even slangy blending, if the words constructed have force and brevity, as many do from the old Saxon. Κατος or γατος might well stand for the Greek synonym if not the origin of most modern words for cat. Thus It. cat, F, chat, D, kat, Dan., kat, katt, G, katze, P and S, gats, P and C, kat, R, kots, W, cath, Cornish, kath. The Latin gives us Catus. The vulgar Greek is pretty well supported by the flattery of imitation.

These are all, according to Webster, the premier and erudite polyglot lexicographer of our country. We are rather inclined to accept the less classic Greek origin for the term to designate the subject under discussion, since it more nearly approximates in sound to the most nearly universal usage.

Galiphobia of katiphobia is a fear of cats variant in different neurotic subjects, from wild degrees of neuropathy to extreme states of psychopathic predisposition, wherein the insane diathesis preponderates and gives character to the symptomatic display. The katacroaesthesia in some of these cases amounts to an indescribable terror, while in the milder forms it is only a simple indefinable aversion. Such persons would simply rather not have a cat about them. Some cannot stroke them nor bear the feeling of their furry hide. Some persons cannot bear to handle an unpeeled peach. Some mothers with babes have a rational fear of cats about the house because of the reputed disposition of cats, as they have heard, "to suck children's breath," a myth due to the fact that cats have been reported to have smothered infants by lying over their faces while the babes were asleep.

I do not include in this description mere aversion to cats without fear from real or imaginary cause, such as Noah Webster expressed in early editions of his great dictionary, viz.: "The domestic cat needs no description. It is a deceitful animal, and when enraged, extremely spiteful; it is kept in houses chiefly for the purpose of catching rats and mice." Yet there are those who esteem the cat for the house and the children thereof and for love of the cat itself.

There is a cat aversion that is not fear and is not associated with any peculiar sensations of the katophobiac.

The true galiphobiac or katiphobiac has acroaesthesia accompanying his fear of this animal. Galeagraphobia (*γαλεαγρα*, a wild cat,) or fear of wild cats, is a natural fear, as the fear of the untamed wolf or other wild animals, as the fear of a particular cat known to be vicious and ill-natured might be, especially in a mother fearing for the welfare or safety of a young child. And cat fear as the fear of dogs may result normally from fear of hydrophobia or of scratch poisoning.

But the intense fear of domesticated cats without discrimination is abnormal, marking a neuropathic peculiarity and marking the individual possessing it as a specially neurotic person.

The acroaesthesia of such persons seems sometimes to enable them to discern in some mysterious way the approach of a cat before seeing it. I knew of one such case in the person of a lawyer of no mean ability and otherwise apparently healthy who would go into a fit of uncontrollable fear and precipitately flee at the approach of a cat, even before others in the room would know of the cat's coming, and regardless of a subject of the most importance engaging his attention at the time and of the astonished importunities of his friends for him to remain with them. His inhibitions in the line of the proprieties were nil on this subject. He was, to all intents and purposes, monopathically insane *pro tempore* on this subject, and on such an occasion a pure example of limited, impulsive monomania, with morbid perception and emotion, and imperative conception and impulse. Yet on all other occasions and at all other times this man appeared to be deliberate and sane. He could counsel clearly in the line of his profession, could present his cause lucidly and plead it with acknowledged legal force and learning before the court, and observed the proprieties in all his ordinary relations of life and environment. According to the change of character criterion of alienism we might class it among the milder forms of transient mental aberration or momentary change of character without adequate external cause, according to Combe's criterion, if we can bring ourselves to the conviction that the sight or sensation of an appearing or approaching cat might alone be a sufficient and exclusive cause for such an anomalous display of emotion, fear and conduct.

(To be continued.)

LEGAL ASPECTS OF EPILEPSY.*

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IN FORENSIC medicine definitions are needed for classification or demarcation. Definition is of scientific value only when it permits relative, not absolute application. A definition of epilepsy meeting these requirements was proposed by E. C. Spitzka,[†] a quarter of a century ago:

"Epilepsy is a morbid state of the encephalon without palpable characteristic lesion, shown in explosive activity of an unduly irritable vaso-motor center, leading to complete or partial loss of consciousness which may be preceded, followed, or accompanied by various phenomena, expressing the undue preponderance of some cerebral districts and the suspended inhibitory influence of others."

The epileptic constitution is characterized by lack of tone, associated with exaggerated reaction and irritability. Thus the pupils are at once widely dilated and unusually mobile. The muscular system, though generally relaxed, manifests exaggerated reflex excitability. The mental state presents at once, great indifference and undue irascibility. The vascular system is depressed in tone in the interval, but displays rapid decided changes under excitation. The nervous system, generally speaking, resembles an

*Read before the Section on Legal Medicine, International Medical Congress, Lisbon, 1906. Abstract.

[†]*New England Medical Monthly*, 1881.

elastic band, which, continually on the stretch, overshoots when one end is let go. Under normal circumstances, being less stretched, the band is not liable to fly afar when the check is removed. An irritation which, in health, produces muscular restlessness, accelerated respiration and pulsation, and various mental phenomena within normal limits, in the epileptic causes similar but more intense phenomena. The nervous irritability of the epileptic manifests itself in one direction especially. An important cerebral vasomotor center is diffused in an area between the thalamus and sub-thalamic region and the pyramidal decussation below. Irritability of this produces sudden arterial spasm of the carotid distribution so characteristic of the epileptic onset. Simultaneously with artery contraction, the pupil undergoes an initial contraction, and relaxation instantly follows in both cases. Sudden interference with cerebral circulation produces unconsciousness and destroys the checking influence of the higher centers on the reflexes in analagous manner to shock, meanwhile, sudden deprivation of arterial blood and sinking of intra-cranial pressure so far as the great cerebral masses are concerned, has occurred, with a sudden influx of blood to the unaffected vertebral artery district, whose territory thereby becomes hyperemic. As a result the great convulsive center (the medulla) being over-nourished, functional excess (convulsion) occurs unchecked by the cerebral hemispheres disabled by their nutritive shock. Epileptic unconsciousness and coma resemble shock more than they do cerebral anemia or syncope. Impeded return circulation of venous blood now comes into play, this, through accumulation of proteids, acts as a toxic agent, producing the severer symptoms of the post-convulsive periods.

The legal relations of epilepsy as determined by this patho-physiology are of three kinds: Those which are brought under cognizance of the law through direct mental results of epilepsy; those which require legal determination because of the consequences of epileptic neuroses; finally those in which legal determination of epileptic etiology is required. The first type deals with the civil and

criminal responsibility of the epileptic. The second type involves the responsibility of others for results of epilepsy. The third type involves the responsibility of individuals, firms or corporations for the causation of epilepsy.

The epileptic constitution from the outset raises doubt as to responsibility, because of the readiness with which in it free determination of the will is impaired. This test of responsibility obtains not only in Roman law countries, but likewise in English speaking countries where the presumption of innocence of the common law is carried to its logical conclusion. The psychic results of epilepsy are usually classified according to their relations to the motor symptoms. This, however, does not include changes produced in mental states, other than dementia. Not infrequently, after establishment of the epileptic habit, a continuous querulent, suspicious state occurs, which resembles that of traumatism, insolation, etc. This mental state at once causes morbid irritability and so weakens the will that the individual develops persecutory delusions and readily yields to them. In this state, the unconsciousness or dazed consciousness considered characteristic of epilepsy, is wanting. In *Regina vs. Taylor*, the accused barred himself for hours within his house, held a loaded gun, and filled his pockets with cartridges. After watching his pursuers for a long time, he deliberately aimed at the police superintendent and fired. The act was not an epileptic impulse, but as Bevan Lewis* points out, the well-planned determined act of a delusional lunatic. The accused, under delusion of marital infidelity, killed his infant. When pursued by the police, he regarded this as part of the general persecution to which he was subject. There was decided evidence of simulation by the accused, but equal evidence of grand mal, petit mal and epileptic mental states. Counsel for the accused claimed that he was a complete mental wreck, evidently thinking the case epileptic dementia. The accused, recognizing his legal status, had told a fellow prisoner, the night before the trial, that he would be com-

*Mental Diseases.

mitted to a lunatic asylum. He was sent to the Broadmoore lunatic asylum.

In certain cases, paranoia is complicated by epilepsy. The general mental state is then affected in two directions. Epileptic suspicious irritability and resultant treachery affects the delusional conduct of the paranoiac. On the other hand, the religious delusive conceptions and hallucinations of epilepsy affect paranoiac delusions, sometimes confirming these and giving the paranoiac a belief in a prophetic message. Such cases, while seeming to indicate consciousness during an epileptic attack, originate from a different source than this, that which gives rise to delusions of memory. These, as Meynert* has shown, have the following pathogeny: An epileptic attack occurs from partial arterial spasm in a hemisphere. When complete occlusion results from this, collateral hyperemia occurs, engendering irritation and pronounced vascular contraction, leading to diminution of pressure in collateral branches. These phenomena do not produce hallucination, but the hyperemia causes a delusion of memory at the time the hallucination occurs by so coloring the subjective sensation that the sensorium retains imprint of it. This, while not a true memory, closely simulates it. Mere seeming consciousness is no evidence of a conscious directing will, since many acts apparently conscious, are done by epileptics in unconscious states. Epilepsy shocks the mental unity similarly to hypnotism. The epileptic is peculiarly open to suggestion along lines that do not antagonize the general mental trend. Shakespeare, who, as Brigham† pointed out six decades ago, prepares his characters for the mental state which they are to develop, prepares Othello for his jealous suspicions, by making him an epileptic. (Act IV, Scene I.)

Iago: "My Lord has fallen into an epilepsy.
This is his second fit; he had one yesterday.
Cassio: Rub him about the temples.
Iago: "No, forbear;
The lethargy must have its quiet course.
If not, he foams at the mouth and by and by
Breaks out to savage madness."

**Psychiatrie*, 1888.

†*Amer. Jour. of Insanity*, 1846-7.

While motive may seemingly underlie the criminal act of an epileptic, legal tests of responsibility require analysis of such motives. Morbid jealousy, generally the outcome of chronic alcoholic neuroses, occurs in other erotico-suspicious states and may tinge an epileptic explosion which would lead to crime, even though the alleged motive were absent. The influence of other psychoses dominating epileptic mentality, appears in the somnolentia of epileptics. Somnolentia* is a lapping over of a profound sleep on the domain of seeming wakefulness, producing involuntary intoxication of the patient, which at the time destroys his moral agency. This state is frequently accompanied by fears and suspicions related to the onslaught of burglars or robbers. In a case reported by Bevan Lewis, a hereditarily defective neurotic imagined, as he slept beside his wife, that he saw two burglars rifling a chest in his room.† He sprang out of bed and, as he rushed for help, saw a burglar strike his wife with a hatchet. He remembered nothing more, but was found wandering in the streets vacant and confused, holding a hatchet. Immediately subsequent to the idea of the burglar, he had a fit. The idea of the hatchet caused him to rush down stairs, and during the automatic period he had killed his wife. In this case somnolentia had dominated at the outset. The crime had been committed in an epileptic unconsciousness. The story told was one which a less intelligent, conscientious auditor than the English policeman, who first heard it, would have regarded as a clear proof of guilt. In a case reported by T. M. T. McKennan‡ and W. K. Walker, of Pittsburg, Penn., an 18 year-old boy killed his mother and four sisters. An elder brother, awakened in the night by a moaning sound in his mother's room, saw his brother coming out of the room with an ax in his hand. The latter, exclaiming, "burglars, robbers," struck the bed where his brother had been lying and then struck at his brother, who grappled with him and held him; all this time he was

*Wharton and Stille Medical Jurisprudence.

†Op. Cit.

‡Medical News, 1905.

calling "burglars, robbers," apparently insensible to his surroundings. He was taken to the police station and left there. In an hour and a half, when the brother returned to the station, the accused asked what was the matter and why he was there. He claimed that in the night he was awakened by a noise of a door being opened. He punched his brother, told him some one was in the house, pulled on his trousers and went into the hall. His mother's door was closed. He went down into the kitchen, but saw nothing out of the way. On his return he noticed his mother's door was open and a lamp was burning in the room. He heard no sound, but saw some blood on the wall or on the bed. He did not go into the room. He saw an ax lying in the doorway, picked it up, went to his own room and called his brother three times, who did not answer. He touched his brother on the thigh with the ax to awaken him. The brother then jumped up, grappled with him and took him to the station house. He was awake, did not commit any crime, and knew nothing of his mother and sisters being killed, until told of it next morning. He had been working on patents and had drawings in a scratch book. A month previous to the homicide, he found leaves torn out and an unsigned note in the book, which read: "If you attempt to find who did this, will kill yourself and family." A detective, when shown the note, told him someone was playing tricks on him. There was hereditary taint and degeneracy stigmata. The education of the accused was limited, but he had shown a tendency for serious reading. He was the bread-winner of the family, had decided mechanical capacity and, until four months before the crime, he had run a stationary engine. Four months before the tragedy he stopped work and announced he was going to work on a patent for a car brake. While in jail he showed no interest in this. His tongue had been bitten when he was first seen after the homicide. Once he suddenly fell and remained unconscious for a few seconds, but there were no convulsive movements. He was acquitted on the ground of somnambulistic automatism.

In the Chicago case of the People vs. Mueller,* a defense called "epileptic somnambulism" was attempted. None of the characteristic features of either epilepsy, somnolentia or somnambulism were presented in evidence. There had been frequent quarrels between the man and his wife, and threats of death had been made. The crime was begun with one weapon and finished with another, when the first proved ineffectual. There was some remembrance of every stage of the homicide. The man was an alcoholic, whom his wife had supported. He alleged before the homicide that the children killed were not his. He was found guilty and executed.

Many simulations of consciousness in the epileptic precede, succeed and take the place of the fit, whether this be petit or grand mal. All other things being equal, petit mal is most apt to produce these disturbances, since it temporarily breaks up, but does not destroy the mental balance constituting the ego during consciousness. The cases, moreover, where an imperative conception or obsession takes the place of, precedes or succeeds a fit, are cases of true consciousness. In a case reported by Marc, a Saubian,† became epileptic at eight, the convulsions continuing until 25. Then they were replaced by an irresistible homicidal impulse, preceded by an aura. The patient recognized his obsession as illegal but irresistible, so that he demanded restraint when he felt the aura. In one of my own cases,‡ the patient had corprolalic tendencies between the attacks during the period of lucidity. The improper nature and abnormal character of these utterances she fully recognized. To enable her to control them she tied a cloth around her mouth, which aid to her will was usually effectual.

In certain cases from rhythmic neural law, occurrences of the pre-, post, and equivalent epileptic states are remembered when the pre-, post, or equivalent state recurs. In a case reported by Clouston, a young epileptic, friendly with

*H. N. Moyer evidence: Mueller vs. People.

†*Maladies Mentales*.

‡*Medical Standard*, 188

the doctor when lucid, disliked him very much during post-epileptic excitement. He was once found with another patient, making a weapon to assault Dr. Clouston, out of a stocking into which he had put a stone, tying a string about it and slipping it up his sleeve till he should have a chance to use it. When recovered from the excitement he had no remembrance of this. The seeming conspiracy between the two patients is not so exceptional as to create doubt of the case. In one of J. G. Kiernan's* cases, a victim of epileptoid hallucinatory confusion, preceded by kleptomania, united in a seeming conspiracy to escape with a paranoiac and two epileptics. They were seated on the grounds after their usual walk. The epileptics were in post-epileptic dazed consciousness. The patient first described suggested they all go home. The third patient rushed on the attendant and threw him down while the others ran off. Later, he had no recollection of his violence nor of the suggestion of escape, albeit, his act was prompted by it. There were several factors which combined to give the appearance of a plot to the result of quickly suggested action on post-epileptic states liable to suggestion.

The influence of suggestion on these pre-, post, and equivalent states, naturally creates doubt as to the validity of deeds, wills and contracts executed by epileptics. As the mental state predisposes to undue influence, the burden of proof should be thrown upon the will, deed or contract. The suspicious states are most strongly directed toward those who do not humor them and, hence, are an excellent field for confidence men, parasites, etc., to work.

While marriages of epileptics are frequent, attempts to annul them are rare. In two Illinois cases, women who had received large pecuniary damages from corporations for traumatic epilepsy, were married indubitably for these damages. In these cases validity of the marriage was not denied by the court when the question was brought before it. The issue, however, was not directly made, but was part of an attempt to place the woman under a guardian.

**Alienist and Neurologist*, 1887.

Under Canon law, if the woman had had no clear conception of marriage responsibilities, her marriage would be null and void. Under the contract doctrine of the civil law, such a marriage would also be void, since the contract lacked the elements of mutuality. The epileptic sometimes wanders from home, traversing considerable distance and is guilty of complicated anti-social crimes in the intervallary epilepsy of Falret. The patient seems to have come to himself; he converses with those around him and performs acts seemingly regulated by his will. He is, however, totally unconscious of these. In this condition, which is divided by Falret into intellectual grand and petit mal, burglaries and other seemingly planned thefts have been perpetrated. These states are probably intensified psychic equivalents. They often underlie "double consciousness" and frequently appear in larvated epilepsy. In one of W. A. Hammond's cases,* a manufacturer left his office at 9:00 o'clock in the morning to purchase some bulbs, and remained away eight days. He was tracked all over New York City, but the trackers were always one hour behind him. He went to theaters, to hotels where he slept, to shops where he made purchases, and took a journey of one hundred miles, losing his ticket and being put off at a way station. He returned to New York, passed the night at a hotel and on the eighth day appeared at his office. He had no recollection of anything during the eight days. In one of Legrand du Saulle's cases,† a young man of wealth and good standing, lost himself sometimes for three days. He would find himself far away from home on a railway or in a prison, with clothing in disorder and without recollection of what had happened. His pockets would contain pocketbooks, jewelry, cigar cases, knives, laces, bank notes, gold coin, letters and other articles. How he acquired these he would never know. In one of R. Dewey's‡ cases, a man in the state just described, broke into a store at night in a manner that showed no little skill in bur-

*Treatise on Insanity.

†Epilepsie.

‡Illinois Medical Journal, 1905.

glary, stole very useless articles and was tracked by his senseless neglect of the most ordinary precautions. The epileptic equivalent may express itself in moral perversion only. The patient may be a dipsomaniac, nymphomaniac, sexual pervert, kleptomaniac or suffer from homicidal impulses during the equivalent, being perfectly moral and upright in general. In one of J. G. Kiernan's cases, the grandson of a village usurer had true kleptomania as a psychic equivalent. He would steal articles varying in character according to the time of suggestion, and would hide these away, never making any use of them. Owing to the prejudice against his grandfather, he was tried and convicted. The insane origin of his thefts so soon became obvious in the jail that the prosecuting attorneys had him pardoned and transferred to a private sanitarium. Rape and criminal assaults on persons of the same sex, are far from rarely epileptic equivalents. In these cases erotico-religious phenomena often occur.

The epileptic constitution may develop prolonged acute psychoses. Katatonia, I with Kiernan, Spitzka, Hammond, Landon Carter Gray, Conolly Norman, Nolan, Kahlbaum and other English and German speaking alienists regard as one. In the case of the People vs. May Buckley, in which I was called as expert, the accused had long had pre-epileptic suspicious states prior to entering on a town career. During these she made attacks with scissors or other weapons, while seemingly conscious. Then there was a convulsion followed by post-epileptic stupor, lasting from a few hours to a week. Just after a period seemingly of this type, she called a woman saloon-keeper to the rear entrance of her saloon, and there shot her dead. Although the woman was 65 years old and not especially attractive the State alleged that the accused, who is young and attractive, committed the deed from jealousy. Immediately after arrest and confinement, in the central police station, she so displayed the pathetic dramatism of katatonia, that the police matron regarded her as insane. Remains of this dramatism were still present after two months, but stupor and stereotypy were likewise present. Two months later

than this, a cataleptoid state occurred which required feeding and attention to the dejecta. There was an expression of terrified stupidity resembling that of the "thunderstruck melancholia" of the Germans, but marked by more intense stupidity. She was found insane under a humanitarian section of the Illinois criminal code affecting prisoners who become insane before trial. The history of the case left no doubt but that the crime was the product of a pre-epileptic suspicious state, whose stuporous sequence had become katatonia.

The epileptic in his relation to society, often involves consequences to others. An epileptic may sustain injuries which aggravate his condition or produce severe bodily hurts. The legal question here, would be as to responsibility for results. The epileptic who knows his condition (many epileptics do not) is legally bound to take more than usual precautions. Liability of an individual, a firm or corporation, is determined by care and prudence exercised by the victim of an accident. Furthermore, no one can be held liable for the consequences of bodily or mental defects. If, however, a negligence which would cause slight injury to an ordinary person brings on an epileptic attack through which serious consequences result to the epileptic those responsible for the negligence are liable for the serious consequences. Here is involved an interesting question of criminal responsibility. It was claimed in the Illinois case of the *People vs. Van Dyne*, that epilepsy, prior to the completion of adolescence, which disappeared at adolescence leaving no trace, should excuse a conspiracy to assassinate for plunder, whose execution had once been put off, because of change in weather. The accused was convicted. No evidence was offered that the pre-adolescent epilepsy had so deteriorated his intellect as to predispose him to undue influence from his companions. Assuming, however, that there had been such a state allied to the post-hypnotic condition, two legal problems would have been then presented. The acts of the epileptic would not then have been the product of his mentality but of other minds. While he would have been clearly irresponsible, as not hav-

ing the free determining power of the will, the other minds would have been responsible for his acts as accessories before the fact. A somewhat similar problem is presented by what are called in English thieves' argot "dummy-chuckers"* who feign epilepsy to draw a crowd so that pick-pockets may reap a harvest. Exceptionally close observation has shown that some "dummy-chuckers" are epileptics. Still more rarely, as in the case of Harriet Jaynes, true epilepsy has resulted in a "dummy-chucker." Assuming that an epileptic is induced to become a "dummy-chucker" by criminals, a complicated problem in responsibility results. Simulation of epilepsy for various motives, by epileptics is not unknown in public institutions. This occurs even when there is no hysteric complication. Should the epileptic be free from mental disturbance when he feigns, should he clearly recognize the nature of his act and its consequences, should he have the power to refrain, it is clear that he must be considered an accomplice. All these facts must, however, be determined beyond a reasonable doubt. Another phase of mental epilepsy, coming under the present category, is where epileptics under suggestion make false accusations. This is not rarely done by the police, even in English speaking countries where inquisitional practices are opposed by the letter and spirit of the law. In the Chicago case of the People vs. Hunkins,† an epileptic woman fell in a fit, fracturing her skull against the fender. Her husband finding her bathed in blood, summoned the police to transfer her to an hospital. At the hospital, it was found that her skull was badly fractured over the temporo-parietal region. The police, stung by previous criticism on the non-detection of crime, arrested the husband for assault on the wife. On trephining, the middle meningeal artery was injured, producing considerable hemorrhage. Normal salt transfusion was employed, followed by a severe epileptic status. While the woman was in the stupor, succeeding the status, her vision being affected by the injury, her husband was brought to her with a declaration by the

*C. A. Macdonald, *Amer. Jour. of Insanity*. 1879-80.

†Kiernan, *Medicine*, February, 1906.

police that he was the man who had struck her. Several leading questions were then put to her involving guilt, but ignoring the fact that her husband was the man meant. These she answered in the affirmative. About two weeks after, she completely cleared up mentally, told about her fall as an accidental one and in effect repudiated her declaration. Application for bail resulted in a police statement that she was out of her head when she repudiated her first statements. On medical examination it was found that she had no knowledge whatever of the declarations made to the police, of the arrest of her husband or of the accusations against him. His release on bail promptly followed and on her recovery his discharge. This case illustrates the dangers of accepting accusations by epileptics, unless exactly corroborated by outside evidence.

The Indiana case of the State vs. Beam, reported by W. F. Howat,* of Hammond, Ind., also illustrates false accusation consequent on epilepsy. A woman was found dead in bed, flat on her back, covered up, one of her legs slightly drawn up, with her face turned toward the right. The face was somewhat discolored and swollen. Frothy mucus mixed with blood, came from the nostrils and some blood from the ears. Marks and what were called scratches were on the neck. According to the State physicians, who made the necropsy, there was a blue mark three or four inches long and two inches wide extending from a point about an inch below the right ear lobe. There was a slight abrasion on the left side near "Adam's apple." In two or three places, the skin was removed from pea size spots. The night of her death she slept upstairs alone. The accused and his father slept down stairs. The mother had died some time previously and the deceased was housekeeper. The younger brother was absent that night. Early on the morning of April 24, the accused built the fire as usual. He then called the deceased, hearing no reply, he went to her room and found her dead. He then told his father. The deceased was a robust young single woman about 150 pounds weight. About two years prior to her

**Medicine*, April, 1906.

death, she had borne an illegitimate child. For three or four years prior to her demise, she frequently had "sinking spells or fits." She would fall to the ground and remain unconscious from a few minutes to hours. At times she would talk incoherently, would be unable to recognize any one, or would become ghastly pale. As a rule, she had the appearance of a corpse, but occasionally she kicked around, attempted to pull her hair and had to be held to prevent her from doing herself injury. At the outset of these "spells" she breathed heavily and could be heard all over the room, soon the heavy breathing ceased and it became difficult to see that she breathed at all. Medical aid had frequently been summoned for her. The attending physician swore that she was an epileptic, albeit he had never seen her in grand mal. The State in its opening alleged that the accused killed the girl in a jealous rage. In its closing arguments, it alleged that the accused, tiring of her wished to be rid of her, insinuating he was the father of her child. At the second trial, (which followed a disagreement of the jury) this was shown to be absolutely impossible. The State then relied upon an alleged ungovernable temper of the accused. The deceased came to her death according to the State, from strangulation by external violence and pressure on her throat by the defendant. This claim was based wholly upon the marks on the neck and the pulmonary congestion found post mortem. Death from epilepsy was denied because an epileptic, it was claimed, could not inflict the marks or bruises upon his or her person found upon the deceased. Muscular contraction, it was claimed, would prevent her getting her hands to her throat. The healthy condition of the brain and the other organs, disproved epilepsy, according to the State. No examination was made as to persistence of thymus or the unilateral differences of the blood vessels. No dissection of the neck or any examination of the larynx or trachea or any search for foreign bodies in the air passages was made at the first necropsy. The outer surface of the neck was alone examined. Twenty days after death the body was exhumed and portions of the two sides of the neck re-

moved. These parts, it was claimed, showed bruises, blood clots beneath the skin, extending entirely through the sterno-cleido-mastoid but there was no injury or lesion of the larynx or trachea, and no foreign substances were found in the air passages. The tissues removed were not offered in evidence nor was the defense permitted to examine them. The first necropsy showed that at death gastric digestion was proceeding. She had last taken food about 9 p. m. Dr. Howat was asked whether the "sinking spells or fits" from which the deceased suffered were epileptic. He answered they probably were. He was asked: could an epileptic scratch or otherwise injure him or herself during any portion of the attack. He replied they could do so during the aura and that various injuries might be sustained during the convulsive and post-convulsive stages. He was asked if the blue mark might not have been post mortem lividity, and replied that it might, since no evidence had excluded this possibility. He was asked whether this lividity might not have been increased in extent and intensity by the fact that the head was drawn to that side and a fold of soft tissue so produced at that point, and answered yes. He was asked if the convulsive movements on that side of the neck might not have been more severe than elsewhere, and replied yes. He was asked if convulsive movements were ever so violent as to cause muscular rupture, and replied yes. In response to the question, whether epileptics ever died suddenly, he replied that they often did during a seizure. He testified that death might be brought about suddenly in epileptic seizures, by exhaustion as in the status epilepticus which exhaustion might be produced by a series of convulsions or by one convulsion, were it sufficiently severe. He likewise testified it might result from paralysis of the respiratory center secondary to severe shock. It might result from tonic spasm of respiratory muscles, in which class he included Hilton Fagge's "spasm of the glottis." It might result from sudden cardiac nerve strain, dilatation or rupture. It might result from asphyxia by foreign bodies (as food) or from suffocation. It might result from accidental violence sustained during the seizure.

He testified that patients dying suddenly from tonic spasm of the respiratory muscles would show post mortem signs of asphyxiation. From the evidence in the case, he testified he could not exclude epilepsy as a probable cause of death and that he would not be justified in concluding that death was due to strangulation by external violence. The necropsy had not been sufficiently careful and exact to exclude other causes of death than those alleged by the State. The second necropsy was valueless.

The forensic problem involved in the third type of cases, is rendered difficult of solution, in English speaking countries by judicial rulings which prohibit the expert from taking into account subjective symptoms in civil cases. This difficulty is overcome to some extent by the hypothetical case based on the patient's statement in court and other evidence. In the Illinois case of *Sobkowicz vs. The Crane Company*, the following hypothetical question was submitted:

Assume an unmarried female nineteen years of age, of previous good health, so far as known, save as it may be evidenced by the hypothesis in this question, should be going up in a freight elevator conducted in the manner in which such elevators are usually conducted; that there should have been, according to this person's statements, a jerk of the elevator which was not apparent to other passengers in the elevator; assuming likewise that there was a second jerk, according to the person assumed in the hypothetical case, which was likewise not apparent to the other passengers in the elevator; assuming that the person named in the hypothetical case remembers then of falling backward but does not remember anything thereafter; assume likewise that she does not remember of her knees striking the floor of the elevator and does not remember going over the edge of the elevator floor; assume likewise that it seemed to her that she tried to catch hold of something after the elevator jerked, as she says, but that everything then became dark; assuming these facts, can you form an opinion as to the physical condition of the person described in the hypothesis at the time of entering the elevator?

To this question I replied that the person described was suffering from epilepsy or from some condition resembling syncope at the time mentioned and that such a condition contributed to the fall from the elevator.

The following additional hypothesis was then presented:

Assume likewise that the person described in the previous hypothetical case received an injury over the right parietal region, that she had a fracture of the clavicle, that she had a dislocation of both wrist joints, that she is picked up unconscious and remained so for about ten days; that a catheter had to be used to relieve the bladder for three days after the accident; that during the unconscious period she tore bandages from her arm and body many times; that she remained one month in the hospital and while there suffered severe pains in the head and various parts of the body; that about two months after the accident she lost consciousness and fell against the stove; that a number of times thereafter she lost consciousness and when she came out of the hospital she was weak; assuming these to be true, can you form and have you an opinion as to the nature of the unconsciousness which occurred in the elevator?

To this hypothesis I replied that the attacks of unconsciousness were probably epileptic, but they occurred too soon after the accident to be due to it. In my judgment, it would take at least six months to develop the epileptic habit in the absence of meningeal irritation or grave cortical lesion of which no evidence was presented in the hypothesis. The plaintiff presented evidence thereupon tending to show that other persons had been thrown down by the motion of the elevator and also that the attacks of unconsciousness had not occurred until more than six months after the alleged accident. Under the circumstances, the jury naturally found for the defendant since in Illinois they are judges of the evidence. As the whole question turned on the validity of the two hypotheses and as the cardinal facts of the defendant's hypothesis were disputed, the jury logically held that the preponderance of evidence was with the plaintiff. In the Chicago case of *Wills, vs. the Chi-*

cago City Railway Co. the issue turned upon the validity of an hypothesis which assumed that there had been a tonic spasm lasting from 15 minutes to half an hour. The preponderance of evidence being against the epileptic nature of such a spasm and epilepsy having been the specified result of the accident, the jury found naturally for the defendant. The question of diagnosis between epilepsy and hysteria while not demanded by the declaration filed in the case, is often raised. In such cases, attorneys have often wisely abandoned the attempt at demarcation and held that hysteria and epilepsy are equally serious neuroses and if negligence causes either, the person responsible for the negligence is liable to damages for a serious neurosis. This position has been repeatedly sustained by the Illinois courts. The Chicago practice during the 80s and early 90s, had been for the defendant corporation to claim that everything was hysteria and that hysteria was a feigned condition. In litigated cases moreover, traumatic hysteria very frequently complicates traumatic epilepsy. In the case of *Hogan vs. Chicago*,* T. J. Burns saw the patient in an attack of grand hysteria and testified to the existence of that neurosis alone, admitting, however, the possibility of epilepsy as a complication. J. G. Kiernan, who saw the patients in attacks of grand and petit mal and in post-epileptic stupor, testified to the existence of epilepsy, admitting the probability of an hysteria complication. As the patient was a woman, the hysteric diagnosis was the usual omnibus for all symptoms. The jury found for the plaintiff, and their verdict was sustained by the Illinois Appellant and Supreme courts. These cases naturally raise the question whether epilepsy can be diagnosed in the absence of a fit. Spitzka, Kiernan, Landon Carter Gray, Howard of Montreal, Eccheveria and others, hold with the older clinicians that a dilated mobile pupil together with petechiae suffice for diagnosis of epilepsy in a suspected case. In the criminal case of the *People vs. Mooney*† Kiernan diagnosed epilepsy unsuspected in the prisoner from these two facts which diag-

Ill. Reports, 176.

†*Alienist and Neurologist*, 1905.

nosis was subsequently confirmed by the evidence. Epileptic pallor is also of value in corroboration, albeit other conditions exhibit a similar pallor. These three conditions are found alike in congenital and acquired epilepsy and hence, when present, are of value in diagnosis. Their absence, however, does not disprove the existence of epilepsy. It has been claimed by certain corporation attorneys that subsequent marriage by epileptics disproves the existence of epilepsy. This contention would hardly merit discussion were it not frequently repeated by judges. It has been decided absurd by the Illinois Supreme Court, which held in the case of *Pyott vs. Pyott* that even a senile dement might go through a marriage ceremony without understanding fully its nature and resultant responsibilities, albeit regarded as sane by the officiating clergyman chiefly intent upon his fee. At one time marriage was a popular prescription for epilepsy. The coprolaliac patient elsewhere mentioned had been married by payment of a fee to her husband. This prescription seems to have been peculiarly prevalent in Germany, where marital affairs are conducted, as in Europe generally, on a much more commercial basis than they are in the English-speaking countries, as Letourneau points out.

RAILWAY BRAIN STRAIN OF AND BRAIN STRAIN REGULATION OF RAILWAY EMPLOYEES.

By C. H. HUGHES, M. D.,

ST. LOUIS. ,

THE sanitary regulation of the railway service is quite as important as the regulation of its fares, freight rates and rebates, yet the President has not alluded to this important matter, in any of his estimable and salutary public suggestions concerning the regulation of these sordid soulless public servants. The appalling accident records of the railways and their causes in the overworked and wearied brains of railway employees and their parsimonious recompense for high class exacting strenuous brain service, needs attention from sources of influence and compulsory authority.

The train dispatcher service for instance, should in many stations be reduced to six hours a day, with pay enough to give dispatchers all the brain rebuilding and sustaining influences procurable. The telegraphers, engineers, conductors on great main line crossings, junctions and stations should receive pecuniary consideration something more nearly approximating than now that of the superintendents. Many runs are entirely too long for the normal brain endurance and best brain service of one man in these several departments of straining brain work, far too long also for the highest safety of passengers.

(189)

The same precautions as are now given to the inspection and soundness of tracks, the running gear of trains and time schedules, might with equal wisdom be applied to the brain capacity, vigor and recuperative rest opportunity of the brains that dispatch and run trains. Absolute temperance is not more essential in railway employees than ample brain rest. The Pullman car service is also criminally delinquent in regard for the brain rest opportunity of its conductors and porters. A more than twelve hour run without intervening sleep is cruelly inhuman for any railway service, and an eight hour relief all around would be nearer within the daily limit of brain endurance of the strained brain's recuperative capacity.

Money and men would be saved by a more moderate and judicious running of the mental machinery that runs our railway trains across and up and down the continent. The railroads are wrecking men in their employ and blasting lives in other ways than by collisions and derailments.

A wise and more human regard for the endurance of railroad men, besides saving damage suits for maimed and lost lives, might postpone the dawning day of public ownership, and the time when men will demand in the courts, damages for enforced brain service resulting in brain break and its consequences.

Over brain strain paralysis, epilepsia and neurasthenia among railway employees will yet seek remedy in the courts as well as the more sensible injuries to body from accidents, unless railway managements become more considerate of the mental recuperation needs of their most faithful and efficient employees.

It is the faithful ambitious railway employee, like the willing and mettled horse, that can be and is worked to breakdown and death by inconsiderate railway corporations, as the writer knows from abundant personal observation. Broken brains of railway employees applying to the neurologist for help are far more numerous than the wrecks that strew the tracks. They are brain wrecks caused by untimely psychic neurone service, exhausted to the point

of exhausted mentality resulting in instability of brain and mistakes or failure of duty in this criminally overtaxing service.

An exemplary young train dispatcher overworked and suffering also from dental caries and furious odontalgia, asked to be temporarily relieved awhile from service to get the tooth extracted. His brilliant minded superior answered him "if you are able to come down to the office you are able to continue on duty." He continued on duty till a condition of epileptoid developed and now he is out of service and under treatment for this malady developed by unremitting strain of a too exacting service. Another stood up to the rack till he fell in a fit in the office.

The wrong attitude of railway management toward the employment of men past the age of thirty-five has grown out of the brain punishment and damage of too severe a service and the premature development of brain wrecks in consequence. The idea that men are too old at thirty-five or forty has grown out of seeing prematurely aged made old before their time by too exacting killing service. Let railway corporations be more sensible and considerate of the brain's endurance and more just in their allotment and demands of brain service of its faithful and most efficient servants and the age limit of capacity may be extended as far in railway service as in any other service, with temperate self care-taking of men to the betterment of the railway interests and the better welfare of the employees and the safety and other good interests of the public, whom railroads are bound and chartered to serve in the best attainable manner, as well as to the railway management themselves. The dropping out of used up men at thirty-five and the refusal to employ men over that age, save in exceptional instances, is a condemnation of the railway service system out of the mouths of the higher management. Men are not born to break in brain, if their brains are rightly considered, at that early age, and not even at the extreme Osler limit if rightly cared for.

The service of railway employees from superintendent to brakeman and even of track layers, is one of over strenuous exacting exactness wherein mistakes are not admis-

sable. The mistakes from errors of capacity or judgment are here too serious for any other than exact service. The freight transit and travel service, especially, may be likened to the military service and the engineering service. It is much like that of military engineering. The track for the passage of trains is as important as the pontoon bridge for the passage of armies and their supply train and ordnance.

Only brainy men and brain cared for men are in place in this service and these need as much care as the horses we groom and care for, for less important work. The wise man "considereth his beast" and the master considereth his servant and the prudent employer has regard to his employees' needs for daily repair of brain through ample opportunity for nightly rebuilding rest. The corporation that neglects these considerations, either from lack of charity or lack of knowledge, neglects its business in this most important regard and damages its interests, and those of the people (if it be a railway corporation), who put their trust in it or confide their lives to its management.

Economy of railway service at the expense of brain exhaustion of its servitors is in the end destructive, unwise and criminal extravagance of limb, life and property. Living cerebro-mental machinery driven to premature debility, instability, inefficiency and decrepitude, does not argue well for the wisdom of the present railway management systems of the United States. The period of the greatest utility and power in well endowed brains and minds is from thirty-five to fifty-five or sixty and in certain exceptional organisms and in certain advisory directory positions even beyond three score and ten. To ignore this fact or make it impossible of practicalization in railway service, is to abridge railway service efficiency and achieve less for the employee, bondholder, stockholder, management and patron, and less than it ought to be for humanity's sake.

The mental potency, endurance and capability of long continued efficiency of service counts for supreme success, as premature mental debility and incapacity from precocious overstrain of brain counts against it. Youths and very young men should be barred from the posts of highest

responsibility in certain places in the service, notably in certain telegraph work and dispatcher work and on trunk lines, from long distance locomotives, where maturity and vigor of judgment in emergencies may be required.

To the criticism that "this is not our business" we reply—we make it our business as it is our duty, from our knowledge of the brain being wrought upon in the over-work or certain railway employees, to sound this too long deferred but yet not untimely warning.

The ceaseless, exacting demands of travel service on our through trains, especially the "lightning limiteds" and "fly-ers" between the great cities and transcontinental, requires an unremitting vigilance and mental tension that demands a great amount of absolutely quiet compensatory sleep after the tension is off the strained brain, not counting in addition, the brain and spinal cord strain of a thousand or more miles of travel, of wobbling trucks and bumping coaches on steel wheels and roughly-jointed roadways, not always so straight or smoothly constructed, as might be possible in some instances.

The fatigue to the ordinary traveller of long journeys by railroad is a common experience, requiring several days of subsequent rest with many. To this is added the mental strain of special anxiety and responsibility in the train officer. And what provision is made for the brain and mind rest and repair of these brain tensioned men? None.

The Pullman conductor may sleep in his coach or in a neighboring cheap hotel near the noisy station, or in the coach in the noisy yards, for his pay does not justify better accommodations and the demands upon his time often will not permit sleeping at a distance from one of the ends of his run.

The time may not yet be ripe for restrictive sanitary legislation of the day time service of railway employees for the conservation of their vitality and mental endurance and power, but it will come and with the approval of the railway management itself, under the diffusion of knowledge the brains' rest needs and normal activity capacity, as neurologists and brainologists see them.

The spread of such knowledge among railway directors

would be a motive of economical management, not in small pay to workmen, but in salvage from disaster. Thus a neurologically and physiologically enlightened and an exalted charity for the good of the railway employees, a wise provision against railway service incompetency, against accidents of incapacity from brain tire and for the best financial results through a vigorous mental service, would go hand in hand. Self interest and charity together joined and both benefitted.

Let us now take this record for brief consideration.

"During the twelve months ended June 30, 1905, 886 persons were killed and 13,783 injured as the result of accidents on railroad trains in the United States, according to a report of the Interstate Commerce Commission for 1904-5.

"Comparison with 1904 shows an increase of 11 killed and 4,123 injured among passengers and employees, the increase in killed being wholly among passengers, while the number of employees killed shows a decrease of 106.

"There were 1,231 collisions and 1,535 derailments, of which 163 collisions and 168 derailments affected passenger trains.

"The damage to cars, engines and roadway by these accidents amounted to \$2,410,671."

The utmost care has been and is now being exercised in American railroads to guard against defective wheels, trucks, all running gear, brakes, switches, machinery and signals. Even the inspection of the eyes of the employees as to color blindness and yet the appalling annual record of accidents shows for defect of precaution somewhere. When railway management looks for and remedies the mental blindness in railway traffic and passenger managers and superintendents and the brain defects of forgetfulness, drowsy and brain tired indifference and positive incapacity, sometimes resulting from neglected inspection and timely brain repair and of overworked, sleep-robbed employees, sometimes with the added exhaustion of vicious (and under the circumstances criminal) passion indulgence, sapping vitality in addition to loss of sleep, an explanation of

many railroad accidents may be found, not otherwise explainable. Railway service, railway safety and efficiency and financial interests are best conserved and promoted by strong capacious restful and well rested workable brains, as they are by good tracks, good rolling stock and good men in the directorate and higher managerial departments. This is the testimony of prudent neurological observation. Will the railway interests ever heed it? They will and must, the voices of humanity and self interest unitedly cry for it.

Some of the best business men I have known were railroad men who died of brain strain disease and some of the living are hovering so closely to the verge of brain break, through ambitious and strenuous life, that the end in brain breakdown is not far off. There is intemperance in brain work as in that vicious intemperate alcoholic indulgence which the railways now so generally condemn, since fatal expensive experience has shown its harmfulness to the railway service interests and exchequer.

The railway service counts a large annual martyr list of overstrained and brain broken unto death among officers and employees. After a time with right enlightenment as to overtaxing of the delicate machinery of the human brain these fatalities will cease, for the brain will and must, in time, receive as much attention as the coarser mechanical machinery of man's contrivance which runs on the track.

As the proof of this article is being read the brain and heart-shocking record of another horrible railway disaster due to the same cause of brain overstrain, appals the world. Forty crushed or burned to death victims, and others maimed but not killed outright, is the record of two trains coming together "head on" in a blinding snow storm, as the result of the mistake of a train dispatcher's orders, because of his involuntarily falling asleep at his post, after seventy-two hours' work without rest.

The horrors of this accident, so-called, but really a predetermined event, for no man can do train dispatcher's work continually for such a length of time and not become unsteady of brain, was preceded by a similar one where

some one had blundered from overwork and neglect of timely brain rest on the same road, the Denver & Rio Grande, in August, 1904, at Eden, only the present disaster is due to the absolute sleep obliviousness of the operator, and not to an unsteady, inaccurate state of mind preceding the inevitable sleep that the over-tired brain sooner or later secures, if not persistently prevented by ceaseless waking influences from without.

In the name of that great profession, whose duty it is to guard the health and lives of humanity; in the name of the great science of physiology, which reveals and considers normal human functions and marks the limit of the brain's endurance and the need of timely sleep for the wearied brain's repair and tells us the limit of human brain capacity; in the name of brain health and strength imperilled by over brain-strain of overtime work of railway men, and in behalf of the lives imperilled thereby, and of the sorrowing all over the land, bereaved by these numerous, oft-recurring railway disasters from over brain-strain of certain railway workers, and the resultant impaired normal, mental, supervisory vigilance needed in such accurate mind-demanding service, we protest and plead for lawful remedy.

The overtime system on our railways, especially for train dispatchers, engineers and superintendents of transportation, especially in the passenger service, is unsafe to individual workers and to the travelling public, and ought not to be countenanced by railroad companies.

The same considerations that inveigh against ordering or permitting overtime service, applies also to the over-strain of the employes themselves when off duty, through alcoholic indulgence or other sources of brain and sleep deprivation.

The strenuous service of a railway employee demands the man's best powers kept in healthy, vigorous tone at all times by right living while off duty, as well as when on duty. It is the duty of the medical profession in the exercise of right sanitary monitorship over the public welfare, as the code of ethics requires, to so admonish all concerned,

and stop if possible the needless and preventable destruction of human life through over brain-strain and deprivation of sleep of railway employees. Public disaster, added to the neurotic disorders engendered through over nerve center strain in this service, demands sanitary supervision under medico-legal guidance.

Crimes like this of coerced, mental overtax against normal powers of brain and body endurance, robberies of the physiological need and the moral, which should also be made the legal right of sleep, and consequently of the future health and livelihood of telegraph and other railway operatives, and against human lives and bodies and the people's right to safety in travel, are repugnant to the heart of natural charity and should be prevented, not by arraigning the minor operative directly responsible, but by arraigning the major directing, criminal official and convicting the heartless, overbearing instigator of these railway murders.

The railway service is too near the lives and welfare of the people to be conducted solely for pecuniary profit. The brain and body wear and tear of its employees and the safety of travel should be regarded by its management as of equal, if not greater, importance than the wear of rails, rolling stock and running expenses.

Hitherto the medical department of its service has been mainly occupied, like that of the military service department, largely with the care of the dead and wounded after collisions, wrecks and casualties and the legal in minimizing accidents and damages.

The psychic sanitation of the men who fill the several places of grave responsibility in this important service, as important as the places filled in war by the men behind the guns, has not been duly considered. Their physical health on going into service and freedom from eye and ear defects have been inquired into, but their powers of mental and physical endurance through the overtime system, and habits and opportunities for rest and recuperation when off duty, have not been psychologically duly considered. The psychiatry or mind care of the railway employe, from

superintendent down to brakeman and switchman, has been seriously neglected, especially in the train-dispatching, engineer and switch service, and cruel criminal maimings and murders, appalling in number, have followed and bereavements in thousands of families have resulted from this railway official crime of indifference to the mental endurance and daily repair needs of certain railway employees, to say nothing of the wrong and depressing effect of the comparatively insignificant compensation in certain departments of great responsibility in this service below the higher officials.

The railway management is especially particular to secure perfect watches for all employees. It should be no less careful about the accurate movement of the minds and the physiological integrity of the brains in its service, for neither will run right unless properly and timely wound for correct movement.

Railway travel will not be freed from its present appalling peril till the exacting and exacted brain strain on its employes is lessened and the employes themselves take better care of their brains by the avoidance of all those influences when off duty that tend to viciate the integrity of the mental powers, and by not seeking to do excessive overtime work. No railway is safe from the possibility, almost certainty, of accident where train-dispatchers, engineers or switchmen serve continuously from forty-eight to seventy-two hours, or even for twenty-four hours continuously, and it is the humane duty of the medical profession, with the present psychological light upon the ordinary brain's endurance capacity, to advise and insist that such over brain strain in all departments of public service cease, especially where consequences are so serious as in the railway service. ✕

This article was intended for an editorial, but it grew to a length too extended for our editorial space and we place it here. The subject is by no means exhausted. The over brain strain extends far above the employees' chiefly discussed above. The general superintendents and chiefs of the several departments are

not sufficiently sparing of themselves in this respect. They are as a class strenuous men, working to their utmost and requiring the same sort of service from subordinates. The most reprehensible thing among division superintendents is the effort at economy at the expense of the brain force and brain rights of subordinates, exacting often of one man the legitimate brain work of two at the expense of brain vigor and consequent prolonged endurance, with resultant collapse of power and final failure and disastrous and expensive mistakes in duty.

The writer has seen many instances of strong men at the head of the management bringing on premature neurasthenia and ultimate fatal brain breakdown, which might have been averted by more judicious regard of the normal and limited brain and mind powers. Brain and mind force has its conditions of development and maintenance and its limitations like the conditions of development and display of the mechanical and physical forces. The brain itself is a delicate physical, as well as vital mechanism, and should be treated accordingly.

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EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

STREET NOISES.—Street noises, against which the profession in this country has waged a more or less successful warfare, seem to be at their worst in the large cities of England. The London *Lancet* recently received a letter from a man who had undergone an abdominal operation in Birmingham. He told in his letter of complaint to the mayor that the quarter-hour clanging of the town bells, especially during the night hours, greatly disturbed his rest. The mayor declined to interfere on "the grounds that the clock is a public one, and its consistent working is of first importance to the inhabitants of the city." The *Lancet* in discussing the letter editorially said that the mayor of Birmingham had made a very poor reply to a sick man, and this journal has in consequence started a crusade against such unnecessary street noises as town bells and chimes.—*Med. Age.*

To this protest might be added the one against the

(200)

needlessly noisy street car and the unnecessary blowing of whistles and automobile car honks. The noises of the streets are slow destruction to certain neurotics.

A NIGHTMARE SUICIDE is reported from New Orleans March 23, the man, Ralph Vaughn by name, shooting himself by placing a pistol in his mouth, which he had under his pillow, and blowing a hole through his head. He was a merchant of Pinte Coupe Parish, La. His family being away, he was sleeping in a back room of his store at Batchelor, La.

RAILWAY INHUMANITY.—PULLMAN PALACE CAR CRIME AGAINST NATURE.—Monopoly certainly should receive attention of health boards, humane societies and legislators in the matter of its inhuman killing disregard of the physiological needs of sleep for its long run conductors. The nightly allowance of sleep for conductors on long runs, we are informed, is three hours, viz: From three to six a. m. on two nights and one day run, with no sleep during the intervening day. The same rule applies as to sleep time allowance in the longer runs, we are informed.

Organized labor is about right, (though it is often wrong and tyrannical in some of its other demands) in asking for an eight hour law. For the best security for health and longevity, the body should have three hours for three leisurely, restful meals, and one for dressing and undressing and toilet, and eight hours for recumbence and sleep; seven for undisturbed, quiet sleep exclusively. It would probably prove salutary for long life and the most perfect health if man were twelve hours at rest and twelve in action out of each twenty-four, as in the days before candles, petroleum, gas and electricity.

Railway, and all other strenuously exacting corporate managements, would be recompensed in better and safer service by a more enlightened and humane consideration of the physiological repair needs of the human machines they employ. It is pitiable to see many of the best, most willing, courageous and faithful employees of these soulless

corporations prematurely broken in health, paralyzed, epileptic and otherwise stricken in their prime, like soldiers falling on the firing line. And some of the superintendents and general managers we have known have been no kinder nor more considerate of themselves. They never stopped for repairs till outraged nature threw them from the track of ceaseless duty with apoplexy or paralysis or mental aberration. They gloried in their strength too long and punished themselves to death, as well as their employes, though they took pains generally to call off their inanimate machinery for timely repairs.

Physiologic science, considerate nature and a charitable humanity prompt this protest. The meal rates and day coach sanitation should be regulated, too, in many through trains in the sanitary as well as the pecuniary interests of the poor man.

THE ERRORS OF LOMBROSO ON MORAL INSANITY AND CRIME.—ALSO A WORD ON TATTOOING AND WRINKLES.—Among the many great truths told by Cesare Lombroso, here is one error which we deem it important to note with dissent at this time, when the subject of criminology is assuming so much importance, and lest the error take hold upon the young student not clinically familiar with the subject of efferent or moral insanity, *i. e.*, an insanity of the moral faculties, as Prichard described it. Lombroso here falls into the error, into which some other writers have fallen, of regarding Prichard's insanity of the affective life, which he unfortunately termed moral or affective insanity in accordance with the mental philosopher's differentiation of his day of moral and intellectual faculties, from the purely intellectual faculties. He distinguished thus the intellectual from the emotional and impulsive life, from the feelings and propensities which in the state of greater sanity and mental harmony of relation between reason and feeling, the mental faculties embracing the reason and will better restrained.

Lombroso has fallen into the not uncommon error of amateur psychiatrists of regarding Prichard's unfortunate

term of moral insanity as being an immoral form of insanity, whereas the learned author and great original observer of insanity of the affective life, under which the French *folie raisonnante* and the German *psimaisre Vernultheit* have been included.

Moral insanity may show itself in immoral impulses, but it is quite as often, if not more often revealed in a highly moral symptomatology, as in religious emotional moral insanity.

Moral or affective mental life insanity, as described by its discoverer, who was himself a practical clinical psychiatrist, is not essentially an immoral form of mental disease and there is no justification in the true history of psychiatric literature for wrongly applying the term moral insanity to immoral displays of conduct, sane or insane, which the intellectual faculties, perverted by normal motive or abnormal disease impulsions, are essential factors.

Lombroso is equally in error in regard to the inherent criminal aspects of tattooing, in which artistic taste and high, even holy motives are sometimes quite manifest, though research among the criminal and homeless classes, as sailors, soldiers and world wanderers reveals more tattooing than among the staid home-staying, conventional class obeying the usual social proprieties. The wise criminal would not tattoo himself with such a mark of identification, except before becoming such, while the innocent nature might wish such a mark of identity, as others like to have an article of personal apparel.

This subject may receive further editorial notice. We should be careful in the study of morbid criminology not to attach all peculiarities found upon criminals indicative of mental tastes. Evidences of inborn criminality and tattooing is one of these evidences common to the honest Indian in some localities.

Criminal morphography is less misleading than criminal psychography and both should be gauged with the utmost caution of absolute judicial mindedness, lest adjuncts of organic or psychic form of feature be mistaken for essential

attributes.

PERSONAL COMMENDATION OF A WORTHY MEDICAL INSANE HOSPITAL SUPERINTENDENT.—It is gratifying to see such just personal recognition as the following, publicly spoken, concerning an insane hospital chief medical officer. The country has many such worthy superintendents, but the public does not generally know, hearing only villification from discharged, unworthy employees having a grudge to satisfy, or from a half-recovered, delusioned patient full of morbid antipathies and suspicious aversions, removed from the asylum too soon for the good of the asylum and patient.

“Having had occasion to visit the insane asylum at Pueblo, Colo., last month, and having visited every room in each ward, and knowing that many who are deeply interested in its inmates know nothing whatever of the institute or its management, I feel it a duty to them as well as myself to let them and the world know the truth. It will make them happier and more contented to learn how the afflicted ones are cared for.

“I have visited in my time several public institutions of that kind in several of the states, and I am frank to admit that for care, attention, gentleness and cleanliness the insane asylum at Pueblo, Colo., has no peer on the American continent. I conversed privately with a score or more of its inmates, and each and every one spoke in the highest terms of their treatment. I examined the tables in the several wards, while the inmates were at their meals, and found that food was of the best, plentiful and properly prepared. The sleeping departments I found clean, tasty and homelike, and the sanitary conditions perfect.

“Dr. A. P. Bussy, who has charge of the asylum, is a man of sterling worth. He is kind and attentive and will on no account permit any of the attendants or employes to speak harsh or loud to any of the inmates. He is a man with a heart as big as himself, and his whole time, attention and care is devoted to his patients. He sees each and every one in person daily and guards their health, comfort

and happiness as he would one of his own family.

"I submit this, hoping it will reach many a parent or relative who have dear ones there, but who are unable to visit the asylum in person. Yours truly,

MRS. J. J. LEESON, Socorro, N. M."

The above appeared in the *Denver Post*.

PSYCHOPATHY IN THE SANCTUARY has some illustrations in some of the churches of our colored brethren sometimes, as at St. Paul lately, at another place, and a recent convert of color, while being baptized, was taken charge of by nearby police for speech and conduct unbecoming a Christian, including a lot of dashed cuss words, but the worst scene of all was that of a recent riotous demonstration at Chicago against their priest, Reverend Father Edward Steafnowicz. The church is called the Catholic Church of the Providence of God. The Providence of God did not seem to be present on this occasion, for about two thousand persons participated in the riotous affair, one woman slapping the reverend father in the face, another throwing a beer bottle after him as he was going to the pulpit after prayer. The priest fled, but the church was demolished, after a number of the Lithuanian congregation had been hurt or killed. An augmented police force dispersed the quasi lunatics. These many foreign church riots suggest the propriety of a little more rigid inquiry into the mental status of foreign immigrants, as well as into their physical health. They should show sanity enough to observe the proprieties of the sanctuary of God before being permitted into this great sanctuary of Freedom, which we call the land of the free and the home of the brave. Just now this land of ours especially requires level-headed people, that know better and do better than to attack pastors in our churches.

PHILANTHROPY AND APPLIED SCIENCE.—In a series of free public educational conferences on problems pertaining to charitable and philanthropic work, beginning with an address under the auspices of the School of Philanthropy,

by Professor Charles A. Ellwood of the department of sociology of the University of Missouri, very properly called attention to "The importance of having scientific knowledge in dealing with the problems of charity or philanthropy."

Out of thirty-five or forty speakers, not a medical scientist is named, although Gospel ministers appear galore in the list, yet all the true practical philanthropy must be founded on the science of the human organism, psychical and physical, and how by such science to meet man's needs at the hands of his philanthropic fellows.

The clergy are important and meritorious workers in philanthropic movements, but the ministers of the sanitary science of mind and body, with their peculiar science and knowledge, are no less essential. Many great philanthropic movements are blindly managed without right medical counsel, as in the endeavors to suppress prostitution on the clerical idea of ignoring its quarantine and permitting it, unregulated and unsuspected, to scatter vice and disease through an innocent and unsuspecting community, when it might be corralled and circumscribed and smothered out under lawful regulation without restraint, inspection and cordon.

AN UNJUST JUDGMENT AGAINST A PHYSICIAN.—A POSSIBLY JUSTIFIABLE ERROR IN DIAGNOSIS PUNISHED BY LAW.—A physician, for having advised surgical relief for appendicitis, when in fact only a pyosalpinx was found and relieved, is reported to have had his bill greatly reduced by the court's instruction and jury's decision because of this mistake in diagnosis.

A physician only contracts to furnish his best medical judgment and skill and an error of this kind ought not to be punishable, if due diligence was used in making the diagnosis, since the appendix and the ovary, under certain circumstances of disease displacement, are not so far apart as to make such an error impossible, and the pain pressure and febrile symptoms of either might be misleading. We hope the specialists immediately concerned will take this matter up and diffuse right diagnostic information on the subject.

This decision looks like professional spite work and jealousy carried into court to the wrong of a well-meaning and perhaps meritorious medical brother.

LE PROGRES MEDICAL number for November 14th, 1905, is exceptionally interesting. It is *par excellence le numero des etudiants* and in it will be found a great fund of medical educational information for our many continental readers, practitioners and students interested in the excellent French medical schools.

PROPRIETARIES AND THE PROPRIETIES.—While many proprietary medicine promoters exceed the proprieties in an amusing and ludicrous degree, in their methods of enlightening medical men as to what and how they should prescribe and incline the young medical man to fall away from habits of originality and individuality in his therapeutics, many other of these preparations and combinations are valuable, elegant in composition and sensibly and properly prescribed to the profession, giving in practical utilitarian and palatable form, medical materials of real value, which physicians in country practice could not prepare and druggists in city or country could not promptly dispense, and, in some instances, could not properly dispense at all in palatable form.

In the use of the aid to our therapeutics, a wise discrimination in the selection of the proprietaries, rather than an indiscriminate and wholesale condemnation is called for in the present day therapeutic side of the practice of medicine. The essential thing to a wise and proper therapeutics is to know the exact proportion of and dosage of ingredients.

Knowing this, the average physician ought to know when and how to use proprietaries with therapeutic propriety and clinical correctness, without the commercially inspired suggestions and instructions as to therapeutic indications so voluminously, enthusiastically and often incautiously given, in some instances, by proprietary promoter's instructions for

use that suggest the zeal of the auctioneer, in transcending the professional proprieties between pharmacist and physician. Good, meritorious proprietaries properly presented to the medical profession will, however, stay with us as valuable adjuncts of our therapeutic resourcefulness in disease. The duty of the day is for the profession to discriminate wisely between the therapeutic wheat and the chaff.

AUTOMOBILE DELUSION.—In New South Wales, a man has been committed to an insane asylum who thinks he is a runaway automobile. He was black and blue from colliding with trees, fences and walls in his delusive sprinting.

This is the first of this kind of delusion reported. This form of delusion may yet become common, as the electric influence and phono-delusions, which came in with electric telegraph, telephone or phonograph.

Some of the auto speed maniacs that use the streets as though no one else was on them, are hardly entitled to asylum treatment. The jail or penitentiary would be more curative for some of them.

LAY EVIDENCE AS TO INSANITY.—The range and scope of lay evidence as basis for a hypothetical case was in issue in the *C. U. T. Co., vs. Lawrence*. (211 Ill. Reports 373.) The Supreme Court decided that as tending to show the effect of plaintiff's injury upon his mental condition, it is competent to show such condition before the injury and also continuously from and after the injury, and any witness having any knowledge upon the subject during any part of the time covered by the injury, is competent to testify, the weight of his testimony being for the jury. The issues in personal injury suits differ from the issues in cases in which testamentary capacity is involved. In such cases, the Supreme Court points out, the inquiry is principally directed to a particular day and often to the very moment of making the will, when the result may hinge on a lucid inter-

val. The same rule obtains in the Federal courts. (111 U. S. Reports 536.) K.

MARRIAGES BY THE INSANE.—These are usually annulled at the instance of the relatives of the insane husband or wife, practically as the result of undue influence. The fact however, that, in popular opinion, only extreme stupidity, idiocy or furious violence constitutes insanity, often leads to marriages with the insane where the lunatic has the plausibility of the emotional exaltation stage of parietic dementia, or of allied states like the pre-delusional stage of mania. The hypomaniac appears usually to the casual observer as a very good humored, brilliant man. Very frequently on escape from insane hospitals, one of this class of the insane marries and is steadily defended by the wife and her relatives against recapture. This condition of things practically occurred in the case of Eckstein vs. Eckstein, tried before Judge Leathers in Indianapolis. The wife sued for annulment of marriage on the ground of insanity, stating that the husband had courted her in 1898, when on a furlough from the Central Hospital for the Insane. She did not suspect he was mentally unbalanced and no one told her. He had described, after the marriage ceremony was performed, his great wealth and his fine position at Peru, Indiana. The pair went there, but disillusion was speedy, for he had neither wealth nor position. He began to treat her cruelly, beating and choking her, till she left him after a brief honeymoon. Two weeks after her departure he was recommitted to the insane hospital, where he still is, in a demented condition. The case was probably one of parietic dementia and, the opinion of ex-Judge Stein (Sunset Club Trans., 1894) to the contrary notwithstanding, is of a type which frequently occurs. The Supreme Courts of Maryland and Illinois have both decided that parietic and senile dementals may go through a marriage ceremony, but do not necessarily recognize the significance of the contract, which is therefore void.

TWO CASES FOR EUTHANASIA are humorously and

sarcastically presented by our friend, Edmund Owen, Consulting Surgeon to St. Mary's Hospital, London, one an indolent osteo-sarcoma starting from the sacroiliac synchondrosis sent back to Cornwall to die, but not dead yet; the other diagnosed a cancer of the stomach, for which a gastro-enterostomy was duly performed and the customary sad prognosis was given and who from having been a great sufferer changed gradually into a healthy woman, and in the following year won a tennis tournament.

The full details may be read in Sir Edmund Owen's correspondence on the subject to the *St Louis Weekly Medical Review*, of March 3d, ult.

EUTHANASIA, in the sense of precipitating painless death, has again come to the fore through a proposition made by a woman M. D. to secure a law in Ohio authorizing it.

This sort of euthanasia involves the question of unerring and absolutely certain prognosis, which is not yet in the power of our science until after Nature herself has brought about her own obtunded sensibility of the moribund state.

Euthanasia in the scientifically guarded sense of anaesthesia as apparent dissolution approaches, as often practiced by the conservative and experienced clinician, is a different thing from the easing of what appears to be approaching death with over large, anodyne or anaesthetic doses to hasten and make death certain.

Analgesia, when we consider the cure retarding power of pain, is not considered nor practiced enough, especially in post-operative surgery, but favorable prognostic surprises are too frequent in the general diseases to justify anaesthesia to the point of enforced euthanasia in the sense of making dying easy, even in so-called incurable affections, such as cancer, hydrophobia, consumption in last stages, etc. Forlorn hopes are won in medicine as in war, and the hopeless and unresourceful temperament loses battles for life in medicine that might otherwise be won as it loses battles among men of arms. Besides, "Thou shalt not

kill," is the divine command.

Keep the patient free from pain as it may be possible while he fights his disease and continue such relief to the end, but do not hasten his death. It is not our right to lay the hand of death on any man.

DISEASES IN THE STREET CAR STRAP.—A street car strap hanger sues for damages resulting in blindness, claiming that his eye itched and that he rubbed it with the fingers that held the strap and a destructive inflammation resulted to his eye.

This is a plausible plea. If the public is to continue hanging to the street car strap, companies had better make them of antiseptically washable material—metallic hooks of galvanized iron or aluminum would be better, look cleaner and could be kept cleaner. One could get a specific form of blindness causing ophthalmitis readily enough, under circumstances like the above, from a strap that had been held by a gonorrhreal patients, and could get other diseases too, of both eyes and hands.

But this is nothing to the foul microbe-laden atmosphere of a street car swept out without antiseptic precaution and with windows down, at the ends of trips, or even while passengers are in the car—a foul outrage of ignorance or indifference. Tuberculous spitters are in every car, notwithstanding the police occasionally arrest a country boy for spitting on the sidewalk.

CAPTURING A MURDEROUS MANIAC WOMAN who had taken possession of a railway car under the delusions of suspicion and pursuit by chloroform injections into the car were rejected by medical expert counsellors as too dangerous and the more caustic and dangerous aqua ammonia was suggested and substituted under medical advice, with the result of capture of the insane woman and a burnt skin and destroyed eyesight of one eye.

Chloroform or ether are quite as safe for purpose of producing sleep in the hands of a doctor as in the hands of burglars. Having tried the treatment of such delusion-

ally destructive patients barring themselves in their rooms and attempting violence to self and others with uniform success, we know it to be a fact that chloroform is the best and always a safe resource in medical hands competent to gauge the quantity to the effect desired, and it does not maim the unfortunate patient.

THE MENTAL TWIST IN UNION LABOR LEADERS' HEADS was shown during the late terrible San Francisco catastrophe in the heartless tyrannical protest of certain Minneapolis labor leaders against the sending of "unfair flour," that is flour on the labor strike boycott list, to the starving sufferers of the earthquake destroyed city of the Pacific Coast. Geo. B. Howley howled that it was an affront to the starving homeless union men of San Francisco to send them flour from mills under the tyrannical ban of the trades union of Minneapolis, though it was not the brand but the flour that was between them and starvation. This labor leader tyrant, with the consent of his co-autocrat Killington, the General Secretary of the International Union of Flour and Cereal Mill employees finally graciously consented that union men could do as they pleased as to what brand they would eat in case they were starving.

It may be said that this is none of our business, but such tyranny and its oppression of even labor leaders over union men and their starving families is the business of every patriot in every walk of life in this yet free, fair play government. The psychology of minds that would withhold succor from starving people, union and non-union alike, in such a calamity as that of San Francisco, unless that relief bore the union brand is hardly comprehensible outside of a lunatic asylum. Union labor leaders must cultivate more sane fairness and less insane tyranny towards its own and those without its enthralled ranks, in harmony with the rights of Americans, else it is doomed to failure in aims that should succeed. Cruel inhumanity and unfair tyrannous injustice will win no cause, good or bad, in this land of law-regulated human rights.

The tyrannies of freedom are in the way of circum-

vention and overthrow in this country and union labor should be careful to avoid the tyrannous ideas of its labor leaders and councils lest freedom-loving people, without whose help the cause of organized labor cannot live, find tongue to curse the slave—

Whose treason (to freedom) like a deadly blight,
Comes o'er the councils of the brave,
And blasts them in their hour of might.

THE JAPANESE ADMIRAL TOGO, at the conclusion of the memorable Russo-Japanese war issued an address commending the achievements and personal heroism and sacrifices of his men, which has been commended by President Roosevelt in a letter to the secretary of war, the President insisting upon the necessity for keeping the personnel of the army and navy at the highest pitch in time of peace in order to be prepared for war. This sentiment of personal excellency for the soldier is the sentiment of individual efficiency of the citizen. The improvement of both is the basis of our national perpetuity.

JUST A SAMPLE of disease developing brain strain and its sometime medical and non-medical management. She sang in the First Christian Church choir, taught a class in the Sunday-school, was studying to be a missionary, was her father's private secretary, had all sorts of hallucinations, especially one that her sister was dead in a distant city to whom she went clothed in the habilaments of mourning and that she was in danger from enemies and as usual with surgeons who know nothing of neurology or psychiatry, she was advised to have, and had had, an operation performed, without benefit.

"For seven years she has suffered greatly. At times her suffering was so great," says her father, "that she became irrational and would not know her mother nor me. Then she would faint and remain unconscious for hours, or perhaps days. When this would pass away she would be all right. For the last year her trouble grew worse, and we became greatly alarmed over her condition. She feared

that she could not pass the physical examination necessary before she could enter the missionary service. We consulted a physician, and he advised an operation. This operation was performed last month, and we hoped that it would mean a perfect cure for her."

With such incessant overstrain of a weakening brain, is the sequel of grave cerebraesthesia, epileptoid and hysterio-epilepsia not at all unnatural, especially with the added nerve strain of a nonbeneficial painful operation and the dread of its repetition before the unfortunate. Has the surgical arm of the profession yet nothing more to offer in neurotherapy and psychiatry than a surgical procedure?

While surgical procedures are often necessary even in nervous diseases, they are seldom the sole therapeutic resource and seldom exclusively effect recoveries of grave nervous diseases, though sometimes the long removal from adverse home environments pending a wise preparatory treatment preliminary to operation and judicious after-treatment during the convalescence from the operation, combine to make the recovery from a grave neuropsychic disease effective.

Some patients sometimes recover in this way from psychic disease, through reception of right psychic impression and the removal from wrongly impressing environing influences. But the same methods in many instances without the too frequent operative procedure of oophorectomy would prove effective in a well conducted psychopathic hospital without the use of the knife. Cases like these are cases especially for psychiatric and neuriatric management without, or, if necessary with surgical recourse, but never for attempted surgical remedy alone and exclusive surgical diagnosis and treatment.

Surgery must come to a realization of its normal limits in neurology and psychiatry or suffer the obloquy of Baker Brown and his clitoridectomies and the normal ovariectomy of Battey, of Rome, Georgia, who operated not wisely but all too well on normal ovaries.

THE HAZING NEUROPATH AND COLLEGE CIRCUMSPECTION.—The neuropaths and psychoneuropaths are not yet all in the insane asylums. Some of them are yet outside, as auto-speed, football and hazing neurotics, whose easily unbalanced mental machinery tends to go wrong under the stimulus of exciting influences which in more normal psychoneurone centers give simply vigorous, steady and healthy regulated mental action.

As a safeguard against the hazing neurotic leader, who is nothing if not bizarre and excessive in suggestions of cruelty and danger, we would recommend a personal family history register for certain of our colleges, to find out where and in whom psychoneurotic instability exists as an ancestral heritage and the proper regulation and restraint of the unstably endowed within the bounds of propriety and life and limb safety.

A chair of decorum and neuron stability with a psychiatric adjunct to the chair and a psychopathic hospital would be a suitable annex to the hazing department of Yale, Harvard, Cornell, Kenyon and other colleges, and for even some female seminaries, which gallantry forbids us to mention, which of late years have become famous for hazing excesses and deaths.

The old log school house and the small country college enforced the moral proprieties better and produced a better output of brain stability than some of our modern overgrown, newly rich cursed colleges. The training of the brain in stability and strength and erasing and suppressing wrong and morbid hereditary psychic neurone aptitudes, not the enlarging of wrong inherent proclivities is, or should be, the purpose of right education. A normal practical psychophysiological knowledge and its application to the aims and efforts of pedagogy in school, college, academy and university might receive more attention from the teaching profession with benefit to students and the future of this nation.

THE MCNAUGHTON CASE.—The usual judicial error in regard to this case, appears in the summing up of Mr. Justice Channel in *Rex vs. Key*. He remarks: The true

test of insanity had been thus defined by Justice Stephen in *R. vs. Davis*. "A person (*Medicine*, Nov. 1904,) may be both insane and responsible for his actions, and the great test laid down in *McNaughton's* case was whether he did or did not know at the time that the act he was committing was wrong. If he did, even though he were mad, he must be responsible; but if his madness prevented that, then he was to be excused. As I understand the law, any disease which so distorts the mind that you cannot think calmly and rationally of all the different reasons to which we refer in considering the rightness or wrongness of an action, any disease which so distorts the mind that you cannot perform that duty with some moderate degree of calmness and reason, may be fairly said to prevent a man from knowing that what he did was wrong."

This rule was not laid down in the *McNaughton* case. *McNaughton* was acquitted by the jury making a different test. The mob law outcry led the House of Lords to a very unusual illegal procedure. They summoned the judges, who as Sergeant Ballantyne points out (*Memoirs*), proceeded to make law under the pretense of saying what the law was. Chief Justice Maule protested however, and claimed that the test should be physiologic, and hence a matter of evidence for the jury (*Lawson: Criminal Defenses*) and not a question of law. It singularly illustrates the audacious omniscience of English judges, that the statement just quoted about the *McNaughton* case is repeated when there is a chance to pose for a hanging reputation.

K.

THE CRIME OF FATAL EUTHANASIA.—The ALIENIST AND NEUROLOGIST joins the home and foreign medical journals in condemnation of medical murder of sick people *in extremis* by the legislative authority as proposed on weakling medical authority in Iowa and Ohio.

It would be an extremely egotistical doctor who could always say when disease must inevitably end in death, and the more egotistic and less clinically competent, the greater the confidence in a certain death result of certain

painful affections by certain doctors.

Euthanasia in its true and better sense of relieving pain as death approaches or during the entire stage of a extremely painful illness by therapeutic nontoxic anodyne treatment, including pain obtunding applications is not objectionable and is practiced every day in treatment, but euthanasia as meant by these proposed enactments, (the term euthanasia being simply an euphemism for medical murder) can not be too severely and peremptorily condemned, as it has ever been, by the medical profession. To destroy life by fatal narcotism or anaesthesia is not the province of a scientific and humane profession.

Physicians will not be made executioners; if a patient is to be killed because his disease may be thought to be hopeless and is painful, why not call in the police or executioner and shoot him by authority of law as we do mortally maimed lower animals to put them out of their misery. But the medical profession will have "none of it."

The medical profession, as the *Lancet* truly says, has always set its face against a measure that would inevitably pave the way to the grossest abuse, and would degrade them to the position of executioners. This must be the answer of the whole medical profession to a most mischievous proposal which is the outcome of a degeneracy, mental and physical, that is the by-product of a high civilization. Every now and again it is put forward, either by literary dilettanti, who discuss it as an academic subtlety, or by neurotic intellects whose high-strung temperament cannot bear the thought of pain. Or, of late, especially as a "little learning is a dangerous thing" proposition from some newly-fledged woman doctor or imperfectly trained and immature nurse or masculine physician just out of college.

"ON TO" THE GERM THEORY.—A piano house in St. Louis announces to the public that purchasers are not safe in buying a piano in a private home or from an auction house. There may be a mortgage on the instrument, deadly disease germs may lurk in the felts, etc. This

matter is worthy of serious thought, it goes on to say, and if you are planning to purchase a used piano, see us. You can get a better bargain and a guarantee that you are safe. . . . We thoroughly renovate all used pianos, clean them by the compressed-air system, positively freeing them of all extraneous matter, also thoroughly overhauling them in our workshop, etc. Thus are the professions' labors in diffusing the knowledge that lessens the demands upon it, not in vain. The people are awakening to the dangers and the necessity of killing by sunlight and fresh air the bacillus of tuberculosis and the destruction by violence, petroleum and pennyroyal, of the *stegomya facitata*, and soon our occupation will be gone, though the quack and the remedial fadist may be expected to abide with us forever.

THE SURPLUS FUNDS IN THE TREASURY of the *A. M. A.* suggest the feasibility of reducing the annual dues so as to increase membership among the recent graduates, and the great number of good but pecuniarily impoverished who get more gratitude and experience than money out of their practice. With a two dollar subscription rate, more students could take the *Journal A. M. A.*, and with increased circulation it would get more ads. and be able to reduce the ad. rate to doctors. This is only suggestion, not criticism.

CONGRES INTERNATIONAL POUR L' ASSISTANCE DES ALIENES. A Milan Septembre 26-30, 1906.—An unique and important International Congress for assisting the insane and their families, will assemble at Milan as above indicated, under the auspices of many distinguished physicians and philanthropists of the world. The president of the committee on organization is the distinguished A. Tamburini, of Reggio-Emilia. The secretary-general is G. C. Ferrari, of Bologna.

"The forthcoming congress is an evolution a trouve sa plus parfaite manifestation dans l'œuvre de ces personnes généreuses qui du "Congrès international pour l'assistance

et pour la bienfaisance privées" de 1900 de Paris, ont su tirer le" "Congrès spécial pour l'assistance familiale des aliénés" de 1901 de Paris, et la "Société d'études pour l'assistance familiale" de M. A. Marie de Villejuif, le plus infatigable défenseur de l'œuvre qui, l'année d'après, triomphe complètement à Anvers.

Le Congrès d'Anvers de 1902, qui s'intitulait précisément "Congrès international pour l'assistance des aliénés et spécialement de leur assistance familiale."

This Congress, it will be noted, takes place during the time of the Milan International Exposition. The English, Irish and American committees on propagand are Professors Wood and Smith of London, Norman Conolly of Dublin and Owen Copp of Boston.

ST. LOUIS DOCTORS AND THEIR WORK at Boston at the second session of the American Medical Association, May first, eighteen hundred and forty-nine, is well shown in the following: "Dr. J. B. Johnson introduced a resolution providing for the establishment of schools of pharmacy, in the preamble of which he said: 'Numberless and important evils result . . . from the universal traffic in patent and secret remedies.' Dr. Chas. W. Stevens submitted the following resolution: '*Resolved*, That the American Medical Association recommend medical men in the Association individually, by public lecture and otherwise, to enlighten the public in regard to the duties and responsibilities of the medical profession and their just claims to the confidence of the public.'"

On this subject and the subject of a list of physicians and a bureau of American biography, the *Jour. A. M. A.* says: "It is only this year that these ideas are being put into effect," and yet a certain local medical society of a neighboring state has resolved that no member shall talk to the public on any medical subject. This is letting the blind lead the blind and letting the public fall into the ditch of charlatanry, toward which it is rapidly running.

IN MEMORIAM.

Solomon Claiborne Martin, M. D., was born in Claiborne county, Mississippi, in 1837. He took his academic degree at the University of Michigan and his medical degree at Tulane University. He served as surgeon with the rank of major in the Confederate service under Generals West, Adams and Albert Sidney Johnson. He was a worthy and distinguished member of the medical profession, and at the time of his death held the chair of dermatology with distinction and zeal in the medical department of Barnes University. He was the founder and editor-in-chief of the *Medical Era*. He was a man of industry, ability and enthusiasm in his profession and his personal character was one of spotless honor and integrity. Fidelity to friends and faithfulness filled out his well-spent life of fruitful worth among his fellows.

We tender our sympathy to the stricken family, among them his worthy sons, walking well in his noble footsteps. His age was 69 years.

SELECTIONS.

CLINICAL NEUROLOGY.

LOCOMOTOR ATAXIA AND SYPHILIS: Tabes, accompanied with florid manifestations of lues, has a better prognosis than tabes where such manifestations are absent. (Practical Medicine, Series X, 1905). It is probable, however, that this form of tabes is merely one of lues and not a true locomotor ataxia. In such ones the luetic manifestations would be more florid than when the lues reached the parasyphilitic stage. The relation of the offspring of tabetics to juvenile tabes is discussed by Milian. The fecundity of tabetics is diminished. This diminution is due to syphilis rather than tabes. The small proportion of juvenile tabetics—the offspring of tabetic parents, as compared with the offspring of syphilitic parents, indicates that hereditary syphilis is a direct cause of juvenile tabes.

CEREBELLAR TUMOR.—Burton Chance reports a case in a man of twenty-six. The symptoms were those of inter-cranial tumor of the hind-brain, rather than of the more forward portions, and appear to be those produced by irritation rather than by the destruction of the basilar centers. Although an intense papillitis which was present, was conclusive of the presence of a tumor, the indefiniteness of the other symptoms hindered the assumption that the tumor occupied the cerebellar region. The chief focal symptoms were those of deviation of the optic axes, with disturbances of direct and binocular vision, and facial palsy; yet, after energetic treatment the paresis of the left external rectus muscle, as well as the diplopia and the facial palsy, greatly disappeared, and when the man was placed under strict hospital regimen the general symptoms all but ceased, for there were no headaches, emesis, or muscular spasms, un-

til the last course. The gait, station, and the knee-jerks were not interfered with until very late in the progress of the malady. There was hyperexcitation of the sexual function almost until the end. The general bodily nutrition was maintained up to the last weeks of the man's life. The post mortem examination of the brain was made by Dr. Spiller.—*Amer. Med.*

HABIT SPASM IN CHILDREN.—According to G. F. Still, (*Lancet*, Dec. 16, 1905) this name has been given to certain oft-repeated seemingly purposeless movements, which most commonly affect the face or head, and which although they may change in character from time to time are for varying periods persistent in kind, whether the movement be a simple twitch of one muscle or more complicated action of several muscles. The term "tic" lacks the descriptive merit of "habit spasm." Simple and easy as the habit spasm seems it is difficult to cure. The most frequent form of spasm is rapid blinking of the eyes, or a more forcible closure of the lids. This was present in 47 out of 100 consecutive cases. Less common is a movement of the eye itself, which was present in five of the cases. The next most frequent variety of the movements is a twitching of the nose, which may turn to one side, or a sudden drawing up of one angle of the mouth, or the twitching may affect the forehead, causing a sudden frown or an elevation of the eyebrows. These facial contortions were present in 48 per cent of the cases. A common spasm is a sudden antero-posterior jerk of the head or a lateral rotation, as in negation. The head may be rotated toward one shoulder only, or it may be drawn upward. Some such head jerk was present in 30 per cent. The limbs are less often affected but the upper limb more frequently than the lower, the former being involved in 22 per cent and the latter in 9. The commonest movement of the upper extremities is a sudden elevation of one or both shoulders. All sorts of curious movements are made, such as snapping the fingers, abduction of the arms, and beating them against the thighs or clawing movements have been noted. The movements of

the lower extremity are equally curious. One boy would at intervals paw the ground like a horse. The trouble had begun with blinking of the eyes two months earlier. When this ceased he acquired a habit of frequent grunting and at times sudden head jerks.

A common habit of habit spasm is the frequent repetition of some particular sound, which may be like that made in clearing the throat. Various irregularities are noted in habit spasm, the term spasm being scarcely applicable to some of the quasi-purposive movements, which sometimes alternate with a simple spasm. Frequently one spasm will be replaced by another. Habit spasms tend to diminish when the child is under observation. Habit spasm is but slightly more common in girls than in boys. Children with this disorder are nervously unstable. They are often restless, suffer from sleeplessness and headache. A large proportion are nervous and excitable. In some cases there is irritability and quick temper. Disturbances of sleep were very common. In 20 per cent there were definite disorders of sleep, such as sleep-walking, night terrors, or troublesome insomnia. Headaches were common. Enuresis was noted in 10 per cent of the cases. In 7 per cent of the cases convulsions had occurred in infancy, or early childhood. Given the nervous tendency, modern school life or other strain may lead to the development of habit spasm. It is possible that habit spasm may have its origin in a frequently repeated voluntary movement.

Habit spasm is sometimes mistaken for chorea. The distinction is easily made in most cases, though there are a few in which the movements approximate those of a limited and slight chorea. From the standpoint of treatment it is important to differentiate the habit spasm from chorea. The latter requires rest, while the habit spasm is more likely to be benefitted by an open-air life on the seashore or on the farm; a change to the seaside or to the country being by far the most efficient thing in the management of these children. The strain of school life should be intermitted. In some instances where the family surroundings are unfavorable

school life may be of positive benefit. The parents should be instructed that scolding and punishment is generally useless and may be harmful. All forms of excitement and fatigue should be avoided, late hours having an especially bad influence in such cases. Local irritation is to be removed, the eyes and teeth being the most frequent sources. The most useful drugs are arsenic and bromides. These may be continued for three or four weeks. Ergot has seemed to be of value in some cases, given with 4 or 5 minims tincture nux vomica. In intractable cases, simple change of environment, especially living among strangers for a time, will sometimes do more than any drug treatment.

BLOOD OF EPILEPTICS. According to Onuf and Lograsso, (Amer. Jour. Med. Sciences, Feb. 1906) a leucocytosis may be present, directly before a seizure, but grand-mal seizure need not be preceded or ushered in by a leucocytosis. There is no absolute parallelism between seizure and leucocytosis. Where the intervals between the seizures are long, the fluctuations of the leucocyte count are apt to be slight and concentrate around the period of seizures.

THERAPY.

INTERMENSTRUAL PAIN. According to Rosner, (La Gynecologic, June 1905), systematic tamponade of the vagina begun two or three days before the pains usually appear, is of value. Ovarian extract likewise, gives good result.

EUMYDRIN IN ALIMENTARY TRACT NEUROSES. Eumydrin or Atropine methylnitrate, a white crystalline powder, easy soluble in water or alcohol, is of value, according to Haas, in functional and secretory neurosis of the alimentary tract and in all conditions of the stomach and intestine where belladonna or atropine is indicated. It is given in one sixtieth to one fifteenth grain doses, thrice daily in pill, powder, solution or suppository. The untoward effects

(*Therapie Der Gegenwart*, No. 3, 1905), are identical with those of belladonna.

NEUROPATHOLOGY.

MORE AUTOPSIES IN EPILEPSY.—B. Onuf (*Journal of the American Medical Association*) reports autopsies on sixteen epileptics at the New York State Institution for Epileptics; in twelve cases there showed changes of the mitral valve (80 per cent.), less of the aorta, and still less of the tricuspid valves. These he considered due to strain of the major epileptic attacks. Capillary changes, tortuosity and aneurismal dilatations were observed in several cases. In eight of the cases acute pneumonia was a contributory cause of death. In ten cases there was marked thickening of the frontoparietal pia. There was vascular lesions, circumscribed atrophy of one frontal lobe, subdural hemorrhage (one case), internal hydrocephalus (one case), cerebellar cyst (one case) and shrinkage of convolutions of vermis and adjoining cortex (three cases). The most striking changes, however, were in the thalamic region. In the nature of atrophy, sometimes the pulvinar, sometimes the other portions being most markedly affected. There was also an apparent discrepancy in the proportions of the geniculate bodies. Nothing new yet in these post mortems.

NEURODIAGNOSIS.

TOOTH AND NAIL CORRUGATIONS.—Excepting Hutchinson's notches, the corrugations of teeth and nails are not much mentioned in medical literature, and G. Lenox Curtis, New York (*Journal A. M. A.*, August 5), remarks that this neglect is a mistake and that they have a decided pathologic significance. From the study of many cases he is satisfied that the transverse lines on nails and teeth are caused by auto-intoxication resulting in rheumatism, and that the severer the attack the more prominent are they. Children whose mothers suffer from rheumatism during

pregnancy and those that have rheumatism themselves during the period in which the enamel of the permanent teeth is developing show these corrugations. The longitudinal indentations on teeth and nails, Curtis thinks due to autointoxication from intestinal indigestion, and that white spots on the nails also indicate autointoxications.

NEURO-SURGERY.

SURGICAL OPERATIONS UPON THE INSANE, according to Broun, are not (Amer. Jour. Med. Science, Feb. 1906) attended by the difficulties usually thought. During the recovery period, it is rarely necessary to employ restraint and then only through the presence of a nurse. The insane are curious, at times removing drainage tubes and gauze if they can get at them. For this reason, Broun avoids drainage where possible.

CLINICAL PSYCHIATRY.

VAGINA FOREIGN BODIES IN THE INSANE.—Dr. W. E. Jenkins, of Jackson, Miss., reports the following case in a patient in the State Insane Hospital. She was a forty-year old woman with a temperature of about 102° and a weight of about 115. She had had persecutory delusional insanity for 16 years. Digital examination of the vaginal revealed foreign body obstruction which required examination under ether. The following articles were then found. (*Louisville Journal of Med. and Surgery*): Two wire staples; 1 shoe string with tips; 2 4d nails; 3 3d nails; 14 brass buttons; 1 brass screw; 3 shoe buttons; 17 pearl and bone buttons; 1 metal syringe tip; 16 brass washers; 28 rice buttons; 1 safety pin; 111 brass stick pins; 1 dime; 12 tin tobacco tags; 1 piece of broken jewelry; 1 pencil, 1¾ inches; 1 iron rivet; 1 piece cast iron, weight 60 grs; 5 thimbles; 2 corks; 1 hard rubber syringe coupling; 1 tack; 1 small piece tin. This trash was deftly incorporated with about two ounces of thread raveled from an old stocking

and smoothly wrapped with a piece of unbleached domestic muslin, 3 x 14 inches into an originally cylindrical mass. The force used in passing it into the vagina caused it to assume a globular shape. The body was larger than a large orange.

PARETIC DEMENTIA AND SYPHILIS have been co-related as to onset in 112 cases by A. Fournier: The shortest interval (*Practical Medicine Series, X*, 1905) between the initial lesion and the onset of paretic dementia was three years. In four-fifths of the cases the psychosis developed between the sixth and the fifteenth year. In the majority it made its onset at the tenth. In thirty-seven cases reported by J. G. Kiernan (*ALIENIST AND NEUROLOGIST*, 1880), eight had the initial lesion five years before the onset of paretic dementia, eleven had it ten years and eighteen had it twenty years. In these cases the onset of the paretic dementia and the contraction of the initial lesion was exactly settled.

METHODS OF CARING FOR INSANE.—There is in the New York State building an exhibit which cannot fail to be of interest to the many physicians at present in town. The exhibit shows the ancient and modern methods of caring for the unfortunate insane in the State of New York, and is a forcible object lesson. There are two rooms side by side, one dingy, unattractive and filled with the instruments of torture, which in olden days were used in caring for those afflicted with insanity. A massive crib with a grated top is exhibited, and the teeth marks of the frenzied patient are plainly visible on many of the slats. Nearby stands a restraining chair in which the patient was bound and placed upon a circular platform and spun round like a top. There are also the shackles and the old-style straight-jacket and the grating which formerly covered the window. One of the old doors from the Utica insane asylum is shown with a little peep-hole through which the keeper could observe the actions of the patient.

The other room which adjoins it forcibly tells the story

of the wonderful progress made in the treatment of these poor unfortunates. It is an airy room, attractive paper upon the walls, in fact a model of one of the most modern hospital rooms. There is no sign of restraint save that of a modern canvas straightjacket, which is stowed away in an unobtrusive place beneath a washstand. In wall cabinets surrounding the exhibit are many pictures of New York's model institutions of this kind, and also statistics bearing upon the care of the insane and per capita cost. There is also a large exhibit of photographs, etc., of New York's charitable institutions, than which there are no finer in the world. This is supplemented by an exhibit of the work of the various charitable organizations and societies within the border of the State.—*Oregonian. Medical Sentinel, for August, referring to exhibit at Portland Exposition.*

NEUROTHERAPY.

TREATMENT OF TETANY: The first indication in tetany, according to C. P. Howard, is to correct the predisposing conditions. In the gastric variety, frequent lavage should be practiced with large quantities of warm fluid. Greenfield advises a solution of two drachms of sodium phosphate to a pint of water. Purges and emetics are of value. Active diaphoresis and diuresis should never be omitted. In tetany with gastroctasis, surgery is indicated. Gastrojejunostomy or pyloroplasty relieve stomach stagnation and prevent further absorption of toxic substances. In the tetany of pregnancy, and where there is thyroid deficiency, thyroid extract is indicated. For the spasms themselves (*Amer. Jour. Med. Sciences, Feb. 1906*) absolute rest in bed, cold to the spine, tepid baths, hot packs, opium, bromides, chloral, etc. have had little or no result. Primary anesthesia by chloroform lessens the severity of the spasm. Kiernan advises conium pushed to its physiological effects as of benefit.

THE VALUE OF NITROGLYCERIN.—The *Therapeutic Gazette*, for June 15, 1905, says, regarding nitroglycerin:

It is not many years since we called attention in these columns to the mistaken idea, which seems to be quite general, that nitroglycerin is to be employed in the course of exhausting diseases and in the event of circulatory failure as a stimulant to the heart and blood vessels. We pointed out at that time that there is nothing either in the clinical history or in the experimental records concerning this drug which would justify its use for this purpose, and we endeavor to emphasize the fact that the cases in which it really does good are those in which the reduction of arterial tension produced by its influence results in relieving the heart of an extra burden which it is finding difficult to carry.

Two papers have recently appeared which more or less directly bear upon the use of nitroglycerin for its circulatory effect. One of these is by Dr. Clifford Allbutt, Regius Professor of Physics in Cambridge University, and the other is by Dr. H. P. Loomis, of New York. Dr. Allbutt, in discussing the prevention of apoplectic seizures, urges reliance upon proper rules of diet and modes of life rather than the employment of vascular sedatives, although he recognizes that under certain circumstances the additional use of drugs may be most advantageous. Dr. Loomis, on the other hand, contributes an article which is somewhat iconoclastic in its tendencies. He points out that in the dose of $\frac{1}{100}$ of a grain three times a day, nitroglycerin in the majority of instances exercises very little real effect in reducing arterial tension. He also points out that these doses are not only too small to be advantageous, but that the action of the remedy is so fleeting that the effects produced by each individual dose last but a very short time. There can be no doubt that to some extent he is correct in these views, but on the other hand it is certain that many patients are benefited by these small doses given but three times a day, and that any increase in the size of the dose, or in the frequency of administration, produces headache or other evidence of the full physiological action of the drug.

Practical experience has convinced the writer of this editorial note that nitroglycerin is certainly one of the most valuable remedies which we possess, and therefore we are somewhat disappointed that Dr. Loomis should so heartily condemn it. He states in the course of his paper that he has come to rely upon chloral as a very much more efficient and satisfactory vascular sedative than nitroglycerin. No one who has employed chloral largely can have failed to have become impressed with the fact that it is a powerful and constant cardiovascular sedative, but it seems to us that its physiological action differs so materially in some respects from that of nitroglycerin that it cannot be considered, at least in many cases, as a satisfactory substitute. While it is true that it is an active vascular sedative in the sense that it reduces arterial tension, it is also a fact that such doses produce a simultaneous depression of the heart, and in the majority of cases in which nitroglycerin is indicated the condition is one of high arterial tension associated with more or less cardiac feebleness or fatigue. In other words, most persons who need nitroglycerin suffer not only from vascular tension, but from myocardial change, and require something which would relieve the heart of the resistance which is offered to its action, and avoid any drug which will simultaneously depress this viscus. It is for this reason that physicians almost universally rely upon a combination of nitroglycerin and digitalis in treating many persons of advanced years when these patients present tense vessels and a tired heart. As we have just said, these conditions certainly contra-indicate the use of chloral, which is well known to possess a distinct depressant influence upon the heart muscle. In those comparatively rare instances in which, in association with arterial spasm, there exists excessive cardiac hypertrophy we can readily understand that the action of chloral may be advantageous. But we are inclined to believe that such persons will be benefitted more by aconite than by chloral, since its effects can be more readily controlled and immediately overcome by the proper use of stimulants, or by the withdrawal of the

drug.—*N. Y. Med. Jour.*, Extracted by Budd Van Sweringen, for *Ft. Wayne Jour.-Mag.*

THE THERAPEUTIC VALUE OF STATIC ELECTRICITY.—Dr. May C. Rice (*Medical Record*, Dec. 16, 1905) says that static electricity is so valuable an adjunct to other therapeutic measures that it should be better understood by the general practitioner. The positive breeze is useful for relieving congestion, if the positive pole is used; the results are less good if the negative pole is employed. A common mistake in electrotherapeutics is not to allow sufficient time for the treatment. Less than twenty minutes is not enough; usually half an hour is better. Headaches, epilepsy, neurasthenia, hysteria, are benefited by the breeze, which is a sedative; the static spark is a stimulant and produces counterirritation, being useful in breaking up adhesions, aborting acute rheumatism, rupturing ganglia, etc. Convalescence after operations or prolonged illnesses, tuberculosis, neuritis, tic douloureux, and constipation are conditions for which the author recommends the use of static electricity.—*Excerpt of Med. Rev.*

SENSIBLE OPHTHALMOLOGIC ADVICE.—GOOD FOR NEUROLOGISTS AS WELL.—General therapeutics in eye diseases is discussed by A. M. Ramsey (*Jour. A. M. A.*), who points out the danger of a narrow specialism and the necessity of paying attention to the broad principles underlying all rational therapeutics, with special regard to the eye. More than its proper value should not be assigned to local treatment. It is necessary to study the general principles of pathology before real progress can be made in ocular therapeutics. Local conditions can often be explained by a study of the general systemic condition.

OSMIC ACID, ALCOHOL AND FORMALIN TREATMENT OF TRIGEMINAL NEURALGIA.—Dr. Anschutz (*Munch. Med. Wochenschrift*) suggests one ccm. of a one per cent. solution of osmic acid into the canal of the nerve. In nine cases the attacks disappeared from a few months to two

years. Other substances, e. g., absolute alcohol and formalin also were used with similar results.

THE AMOUNT OF ACETANILID IN BROMO-SELTZER.
—*The Journal A. M. A.* has had analyses made of Bromo-Seltzer as sold in original bottles to the trade. These analyses show that 100 parts of the effervescing salts contain:

Potassium.....	10.53 parts
Acetanilid.....	4.58 parts
Caffein.....	1.20 parts

Assuming an average dose of the article—a teaspoonful—to weigh 76 grains (5.0 gm.) each dose would contain:

Potassium bromid.....	7 grains (0.5 gm.)
Acetanilid.....	3 grains (0.2 gm.)
Caffein.....	8 grains (0.05 gm.)

Its editor also thus comments: "Since a half ounce of this preparation is often taken at a dose, and since many, women especially, are taking it daily, it is anything but 'harmless.' "

Rather a dangerous remedy for counter dispensing on the judgment of a soda fountain clerk or a patient.

NEUROPHYSIOLOGY.

RESPIRATORY MOVEMENTS OF THE BRONCHIAL TUBES.—Dr. E. Fletcher Ingals, in the *Journal A. M. A.*, Oct. 28, 1905, contributes a very interesting article on the above subject in which he sets forth facts not widely known, or, at most, not fully recognized by the medical profession. His attention was called to the subject by doing a bronchoscopy on a child two years of age during which he observed the rhythmical dilation and contraction of the main bronchi and their branches during inspiration and expiration. "This movement was so great that in inspiration the diameter of the tube was more than twice as great as in expiration." He had failed to observe the same movement in the bronchi of adults, but found it well marked in a boy thirteen years of age.

Experiments on two dogs confirmed the clinical observation, and in one of the dogs the ratio of the diameters was as great as one to five between expiration and inspiration. Direct stimulation of the peripheral end of the cut vagus produced marked contraction of the bronchial tubes. He concludes this most interesting contribution with some conclusions previously published by Dixon and Brodie.

1. The inhalation of ether or chloroform for anesthetic purposes abolishes the effect of the vagus on the bronchioles. This is due to the paralysis of the nerve endings by direct absorption through the mucous membranes.

2. Reflex bronchiolar constriction is best obtained by exciting the nasal mucous membrane. Little or no result has been obtained by stimulating the sciatic, central end of the vagus, superior laryngeal or cornea.

3. Gradual constriction of bronchioles followed by dilatation is usually seen post mortem.

4. Muscarin, pilocarpin and physostigmin excite the vagal endings and induce typical bronchiolar constriction, the effect of which is abolished by atropin.

5. Barium, veratrin, bromin and the salts of many of the heavy metals (e. g., gold) produce constriction, which is not influenced by atropin.

These facts are suggestive in the therapeutics of many cases in which expectoration is difficult.

6. Inhalation of CO leads to constriction of the bronchioles which is not altogether central in origin.

7. Chloroform, ether, urethane, lobelia and atropin induce dilatation of the bronchioles when constriction is present. The dilatation produced by lobelia is very transient, while that of atropin is permanent.

These facts should aid us materially in relieving spasmodic asthma.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE.—

For use in training schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner. By C. B. Burr, M. D., medical director of Oak Grove Hospital, Flint, Mich., for mental and nervous diseases; formerly medical superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association; of the American Medical Association; Foreign associate member Societie Medico-Psychologic of Paris, etc. *Third edition.* Thoroughly revised, with illustrations. Pages viii-183, 12mo. Bound in extra vellum cloth, \$1.25 net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

We have nothing further to add to our commendation of the first edition, or of the ability of the author for the good work he has undertaken and done so well, except to mention that in the present edition the section of psychology has been revised up to the present date and the forms of disease are in accord with the newer classification of the insanities, and the medical treatment is discussed in the hope of increasing the usefulness of the book to the medical student.

PHYSIOLOGY OF THE NERVOUS SYSTEM.—By J. P.

Morat, of the University of Lyons. Authorized English edition, translated and edited by H. W. Syers, M. A., M. D., (Cantab.) Physician to the Great Northern Central Hospital. 263 illustrations (66 in colors.) W. T. Keener & Co., Chicago, 1906. Price, \$7.50, net.

In completing the English version of Professor Morat's well-known work on the physiology of the nervous system, the translator expresses the hope that he has succeeded in in-

interpreting the views of the author with fidelity and accuracy. It has been his aim to adhere as closely as possible to the text throughout the work making use of paraphrase only when this was essential to clearness of expression.

This volume, as the translator states in his preface, embodies the latest advances in our knowledge of the nervous system and portrays the most recent views and ideas on this very intricate branch of physiology. The translator has given to the profession a timely subject, ably treated.

The two hundred and sixty-three illustrations, sixty-six of them in colors, many of them entirely original, greatly help in the comprehension of the text and facilitate its reading.

A TEXT BOOK OF SOCIOLOGY.—By James Quale Dealey, Ph. D., Professor of social and political science in Brown university, and Lester Frank Ward, LL. D., of the Smithsonian Institute, at Washington.

A book of much interest to the alienist and neurologist and savant in physiology, as well as to the students of sociology. New York. The Macmillan Company, 1905.

DISEASES OF THE NERVOUS SYSTEM RESULTING FROM ACCIDENT AND INJURY.—By Pearce Bailey, A. M., M. D. Clinical lecturer in neurology, Columbia University, New York City; consulting neurologist to the Roosevelt, St. Luke's and Manhattan State Hospitals, etc. This book is appropriately dedicated in grateful remembrance of many kindnesses to Dr. M. Allen Starr, himself a valuable contributor, like the author, to the literature of neurology. Published by D. Appleton & Company. 1906.

Whatever Pearce Bailey writes is worthy to be read by advanced neuro and chirurgic clinicians. Our readers know him as the well approved author of "Accidents and Injuries in their relations to the nervous system."

The author's introduction, unlike some other introduct-

ions to medical books, is entirely germane to his subject and, though extending to the fifty-ninth page, entertains and instructs on every leaf, as reference to the use he makes of the stigmata of degeneration and of the following extract confirm:

"In this book the term *traumatic* is used as indicating *quickly acting physical violence or psychic shock which arises outside the body.*

"The effects of trauma on the nervous system are manifold, and in many cases baffle satisfactory analysis. The immediate result of physical injuries can usually be interpreted at their true value. But the ultimate effects, as well as those of psychic traumata generally, which act through the emotions, are much more difficult of valuation. The psychoses, certain neuroses, and hysteria, when they arise from fright and similar causes, open endless questions as to predisposition, to previous attacks, and to auxiliary causes. Physical and psychic injuries, acting either alone or singly, exert potent influences on the organism generally, notably on the circulation and on nutrition. Causes which disturb metabolism, and which bring about defective or toxic cellular action may some day explain the traumatic genesis of such elective diseases as paralysis agitans and general paresis. Again, injuries may so far change the mode of life of the injured person that he becomes a prey to alcoholism, to nicotinism, to morphinism, to introspection, and other disease-inducing influences which are the handmaids of idleness."

"Traumata, especially in the aged, make pre-existing disease worse. What can be lightly thrown off by the young is a burden to the aged. Certain diseases, such as nephritis, which are the ordinary results of advancing years, occasionally seem to appear first in sequence to injuries, though there is little reason to doubt that they pre-existed, though latent.

"The researches of Ehrnzoöth have demonstrated that local injuries to the nervous system create a *locus minoris resistentiæ* which facilitates the action of toxic principles.

In his experiments two series of animals were injected with cultures of various pathogenic bacteria. The animals of one series had previously been subjected to slight injuries to the head. The injured animals showed a much lessened degree of resistance, both local and general, to the bacteria, than the uninjured ones.

It is possible that certain infectious diseases, such as tuberculosis and cerebro-spinal meningitis, which sometimes appear to be connected with a preceding trauma, without external wound, are explainable on such an hypothesis; it is possible, also, that new growths, appearing after injuries, such as tumors of the nervous system, or multiple sclerosis, may find such ætiological explanation."

PERJURY FOR PAY.—An exposé of the methods and criminal cunning of the modern malingerer. By Willis P. King, M. D., Ex-Assistant Chief Surgeon of the Missouri Pacific Railway System. Author of "Stories of a Country Doctor." The Burton Company, Publishers, Kansas City, Missouri. 1906. Price, \$2.00.

This book abounds in sinister sarcasm and betrays a lack of charity and understanding of the subject of psychic traumatism and the sequent brain and nerve center damage from unexpected injury to the cerebro-spinal nervous systems of the weak and miserable victims of grave concussion. The author's style and knowledge of his subject are defective and in marked contrast with such broad-gauged, well-endowed and well-informed contributions to surgical neurology as Pearce Bailey in "Accidents and injuries of the nerves, and diseases of the nervous system resulting from accident and injury."

The apparent aim of this book to place the larger number of railway injury damage claimants on the suspected list of maligners may be in paraphrase of the author's own words on page 149, viz: "there are mean claimants of damages for railway injury, of course, so there are mean men in all of the relations and walks of life, but, I believe they are the exception and not the rule." The author makes an exception in which he says "he has been

compelled to give up his ideas as to men and women, and that is in regard to their false swearing in order to cheat corporations." This has been a most painful experience to him, etc., he is disappointed that virtuous woman should perjure herself for money.

There are some matters in the book which would be of scientific value if they had been presented with more thoroughness and less venom.

The subject of malingering is always of interest in connection with railway accident and injury.

The author pays a well-deserved compliment to his official superior, Dr. W. B. Outten, and at the same time a modest side compliment to himself; in fact the author is quite prolific, as many pages show, in showering bouquets upon himself. Pity it is that no word of charity appears in this record of the author's twenty-five years experience for the undoubted nervous and mental wrecks from railway casualties—the neurone stunned and nervous evolution stunted, neurasthenics and psychasthenics, the obsessed and brain paralyzed, the traumatic neuritics that make no sign in broken skull or dislocated spinal cord, yet who are nevertheless greatly harmed, and neuropathically maimed and disabled for long periods, sometimes for life, though, perhaps beyond the author's willing or conscious skill of detection.

A more appropriate title for this book would have been *The maligner of the anti-railroad witness in traumatisms for pay.*

Acute Anterior Poliomyelitis. With Special Reference to the Stage of Invasion. Sanger Brown, M. D., Chicago.

Aetiology, Diagnosis and Treatment of Perinephritic Abscess; with Comments on Cases. By Ramon Guiteras, M. D., New York.

The Time of Some Mental Processes in the Retardation and Excitement of Insanity. By Shepherd Ivory Franz.

Laboratory of the Board of Health, Isthmian Canal Commission. Apparatus and Methods of Testing Disinfectants. By Arthur I. Kendall, Ph. D., Acting Chief of the Laboratory.

The Effects of Exercise Upon the Retardation in Conditions of Depression. By Shepherd Ivory Franz, Ph. D., and G. V. Hamilton, M. D.

On Sulphate and Sulphur Determinations. By Otto Folin.

Aortitis with Illustrative Cases. By Thomas E. Satterthwaite, M. D., New York.

Thirty-fifth Report of the Inspectors of Prisons and Asylums of the Province of Quebec for the Year 1904.

Eighth Annual Report of the Board of Trustees and Medical Superintendent of the Eastern Indiana Hospital for the Insane at Easthaven, near Richmond, for the Period Ending October 31, 1904.

Quarterly Bulletin, Medical Department of Washington University. March, 1906.

Récentes Publications Médicales. Paris. Masson et Cie, Editeurs. Libraires de L'Académie de Médecine. 120, Boulevard Saint Germain. A good array of authors and monographs.

PUBLISHER'S DEPARTMENT.

JUSTICE TO PHYSICIANS.—Since M. Mariani first adapted Coca to the exigencies of daily life, when nearly half a century ago he introduced Vin Mariani to the medical profession, it has been his pride to maintain its high standard as it was then presented and accepted by physicians everywhere. M. Mariani has been pained to learn that of all lands wherein Vin Mariani is welcomed, this misrepresentation—this attempt to induce prejudice and to intimidate physicians and users of Vin Mariani—comes only from the United States. He therefore, as a means of tracing this malignity to its source, authorizes the following:

Messrs. Mariani & Company offer a reward of one thousand dollars for information leading to the arrest and conviction of any person circulating malicious falsehoods, or libelous and defamatory reports intended to discredit the old established reputation of this house or the integrity of Vin Mariani.—*The Coca Leaf*, March, 1905.

PROPER MEDICATION AND CHEERFUL COMPANY IN LA GRIPPE.—Lately the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

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line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value.—*Exchange*.

A TONIC DURING CONVALESCENCE FROM ACUTE LUNG AND BRONCHIAL DISEASES.—A large number of cases of pneumonia, bronchitis and other acute diseases of the air passages prevalent during the winter and early spring that will confront physicians, put them on the qui vive for agents of a remedial nature. Opinions as to the proper management of a pneumonia differ widely, one man adhering to a certain mode of procedure and another employing another method of treatment. Owing to the very nature of the disease, there could scarcely be any uniformity of treatment. The point at issue is to keep the inflammation under subjection as well as possible, guiding the patient with the same cool and steady hand a mariner uses in steering his craft through a treacherous channel.

It is at this time when the need for a tonic constructive is clearly shown, such as Hagee's cod liver oil. This is one of the best known of the cod liver oil preparations, and its palatability adds very much to its efficacy as a remedy. Hagee's cordial will prove acceptable to stomachs that are intolerant of ordinary cod liver oil. Its therapeutic value is much enhanced by the addition of the hypophosphites of calcium and sodium.—*The Medical Mirror*.

DANGERS OF OFFICIAL STATE JOURNALS.—*The Virginia Medical Semi-monthly*, for July 21st, writes: Nothing could more strongly impress the dangers of ownership and publication by a State society of its own journal than a recent occurrence in connection with the *California State Journal of Medicine*. In its May, 1905, issue, it says of the *New York Medical Journal*: "Its advertising pages are notoriously an abomination of desolations (*sic*), and even its editorial columns have been bartered for coin." The attorney for the *New York Journal* promptly wrote the Medical Society of the State of California, stating that his "client has a cause of action against you by reason of the publication of such false and libelous statements. While the person who wrote that article bears all the ear marks of a malicious and irresponsible individual, he at the same time represented the Medical Society of the State of California. . . . On behalf of my client I therefore demand the immediate retraction of the said statement with the same prominence of the said libel, and in the same journal in which the said libel was printed. Before taking any further proceedings in the matter, I shall wait a reasonable length of time to hear from you."

The secretary of the California society replied in substance that neither his society nor members of its publication committee had the remotest desire to libel anybody, and asked "which of the expressions objected to, you consider libelous and offensive to your client; and also that you give me an idea of the nature of the statement which your client would like to have us publish?"

The *New York Journal* attorney replied, after calling attention to his former letter: "I assume that you have sufficient ability to write that such statement so made by you is false and untrue, without my sending a form of retraction for you to sign. You know that the statement is false, and that when it was written the writer of the same knew it to be false, and what we demand is that you say so in plain English."

Hence in the July, 1905, number of the *California State*

SENG

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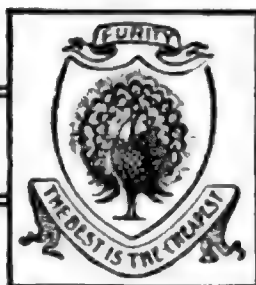
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Journal of Medicine, the following occurs, after some reference to advertising: "Consequently, we fully, freely, and unqualifiedly retract, and withdraw the statement quoted."—*New Eng. Med. Monthly*.

CRITICISM.—A reader well versed in French, takes exception to my *le's* and *la's*, and calls attention to an error which he believes he has caught me making with my genders when saying *Vive la Mariani!* which, by his interpretation, makes Mariani of the feminine gender. But nothing could have been further from my wish, for Mariani is of all men an exceptional type of manhood, and fully entitled to be so engendered. In this expression of long life to Mariani, the individual was not intended, but the subject which he qualifies was in mind, that is, Coca. For all the world knows that Mariani has made Coca synonymous with his name. Mariani, then, stands for Coca, and Coca means Mariani. The rest is with the French lexicographers, who, having made Coca of the feminine gender, enable us to rightly express the heartfelt wish—*Vive la Coca!* implying also Mariani, or Coca, as you will, and thus affording a pretty play on terms by way of courtesy. So then I say, *Vive la Coca Mariani! Vive Mariani!*—*Editor of Coca Leaf*.

BATTLE & CO., Chemists' Corporation, 2001 Locust Street, St. Louis, have just issued the ninth of the series of twelve illustrations of the Intestinal Parasites, which they will send free to physicians on application.

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A SUCCESSFUL HOUSE.—The Sultan Drug Co., of St. Louis has been in existence for nearly fifteen years, and its laboratories are under the direct supervision of its president, Mr. F. W. Sultan, a pharmaceutical chemist. Mr. Sultan is a graduate of the Maryland College of Pharmacy, took a special course in quantitative analysis under Professors Simon and Dickery, took the Simon Gold Medal for analytical chemistry in 1884, and has made several achievements in pharmaceutical chemistry, among them Cactina. He was connected with the laboratory of Messrs. Sharp & Dohme, of Baltimore, for nearly ten years, when he organized the Sultan Drug Co. in St. Louis. Mr. Sultan is also Secretary and Treasurer of the Peacock Chemical Co. and is in complete charge of their laboratory. He is justly proud of the critical analysis made of the alkaline bromides found on the English market by Messrs. Helbing and Passmore, the eminent analytical chemists of London, in which it was shown that the salts used in the manufacture of Peacock's Bromides were practically pure and superior to the bromides usually found on the American market. The preparations manufactured by these two houses have always been advertised and offered to the medical profession only in the most ethical manner, and they are indorsed and used by English speaking physicians as well as in all of the civilized countries of the world.—*Medical Sentinel.*

WITH THE AVERAGE PHYSICIAN it is a routine practice to administer a cholagogue, and results would seem to justify this procedure. If the liver is not primarily at fault it is affected secondarily, so no exception can be taken to this rule. For this purpose calomel, phosphate of soda and other drugs are in common use, but none has a worthier name as a cholagogue than Chionia. Chionia is the active constituent of *chionanthus virginica* and in the process of manufacture the inert and objectionable parts of the plant are eliminated. This agent has long been known as a valuable addition to modern drug lists and its extensive use among physicians who get results, is evidence that it

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is a preparation of much merit. The ordinary dose of Chionia is one or two fluid drachms three or four times a day.—*The Medical Mirror*.

SYRUP TRIFOLIUM COMPOUND WITH CASCARA, an effective combination of an alterative with a laxative. The superiority of Syrup of Trifolium Compound with Cascara must be apparent when its composition is noted. Each fluid ounce contains the active constituents of red clover blossoms, 32 grains; lappa, 16 grains; berberis aquifolium, 16 grains; xanthoxylum, 4 grains; stillingia, 16 grains; phyto-lacca root, 16 grains; cascara amarga, 16 grains; potassium iodide, 8 grains, and cascara sagrada, 40 grains. The dose is from one to two teaspoonfuls three times a day.

While it is particularly indicated in the treatment of secondary syphilis, with or without mercury, Syrup Trifolium Compound with Cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair and produces marked improvement. Many eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases Syrup Trifolium Compound with Cascara, P. D. & Co., may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues to exercise its alterative effect, which is enhanced by the elimination of waste products. In psoriasis and eczema it may be found effective when other measures produce indifferent results.

In strumous cases its favorable effect may be supplemented by combinations of iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron. As it is easily borne by the stomach and pleasant to the taste, it may be taken by children for a long time without giving rise to derangement of the stomach or producing nausea.

It also proves useful as a vehicle for calcium iodide in the acne of adolescents; iodide of mercury in specific ulceration of the fauces; and for the administration of large doses of iodide of potassium in tertiary syphilis. In anemia,

chlorosis, amenorrhea, etc., the most favorable results are produced by alternating it with some iron preparation.

DR. W. B. FLETCHER.—“Dr. W. B. Fletcher, the distinguished neurologist, of Indianapolis, who was stricken with apoplexy some time ago is on the fair road to recovery and before this issue reaches our readers he will in all probability be at his sanitarium “Neuronhurst,” looking personally after his patients.”—*Medical Herald*.

MEDICAL COMPLACENCY.—Eminent Financier: “Doc, I’m going to take out another million-dollar policy. As the company’s medical director, you’ll testify, of course, as to my perfect health?”

Insurance Physician: “Certainly.”

Eminent Financier: “And, by the way, Doc, I’ve been cited to appear before a gimlet-eyed, half-baked investigator from the West, a fellow who’s totally ignorant of our Eastern financial ethics. As my family physician, just write that I’m threatened with pneumonia, or appendicitis, and can’t possibly appear.”

Doc.—“Appendicitis would be seasonable.”

This is about what one might expect of a physician who allows himself to be addressed as “doc.” Puck is responsible for most of the above. The sort of “doc” referred to is on a par with the sort of financier referred to.

DUCHESS AND THE DOCTOR.—The health of her two little boys has been a great source of anxiety to the duchess of Marlborough. They are both afflicted by curvature of the spine, but they have been greatly benefitted by the treatment of a famous Harley street specialist. The duchess herself frequently accompanies the children to the physician’s residence and remains while they are put through the species of Swedish movements which constitute an essential part of the treatment. The duchess on one occasion thought that the room was not warm enough for the tender little lords, and in a manner that implied a command, intimated that the temperature should be increased. But the physician told her grace that he knew best what he was about, declining to make the room warmer to please her. The duchess humbled her pride for the sake of her children.

SCHOOL BOOKS, PENCILS AND DISEASE.—An epidemic of diphtheria prevailed in a small Kansas town. The State Board of Health found it to have been caused by the public ownership of lead-pencils. The pencils used by the schoolchildren were gathered up every night and distributed

in the morning. One child contracted diphtheria. In a few days the disease was communicated to fifty pupils by means of the pencils. This is only one instance in which infection may be spread by the use in common of pencils and books. A French physician who was interested in this subject recently made a series of investigations to establish the duration of infective power in various bacilli, finding it to range from forty-eight hours for some, to fifty days for the Eberth and 103 days for the Koch bacillus. It would seem to be pretty thoroughly established that the method of using schoolbooks and pencils in common is too dangerous to be continued.—*Editorial, Medical Age.*

NEEDED LEGISLATION.—Increased attention is wisely directed to an alarming extent of sophistication in foods and drugs; the former commonly being contaminated by preservatives which are injurious, and the latter, under guise of harmless remedies, often owing efficacy to dangerous narcotics. This deplorable practice has been officially shown to be so widespread and demoralizing as to demand rigid legislation to protect both the consumer and the reputable merchant.

Several states have framed laws against the falsity of traffic in commodities essential to life and health, and a bill is now before the congress which, if enacted, will afford Governmental protection against such abuse, and, by guarding against misrepresentation by misbranding, will extend authoritative assurance to those who place dependence upon recognised remedies in time of need.

The investigations prompted by state and national measures have necessitated critical examinations of various proprietary preparations as to their purity and fitness. Notable instances of such work were the investigations of the Ohio Pure Food Commission, the State Board of Health of Pennsylvania, and more recently the Illinois Pharmacy Board. In each instance Vin Mariani, analyzed from examples purchased in the open market, was proved to be precisely as represented and in conformity with the strict Governmental analysis enacted in France, Germany, Russia and elsewhere in Europe.

This clearly indicated that the high standard of this preparation, established nearly half a century ago, continues unaltered, and is a justification for the distinctive endorsements which physicians everywhere have voluntarily accorded this unique restorative-tonic.

THE
ALIENIST AND NEUROLOGIST.

VOL. XXVII. ST. LOUIS, AUGUST, 1906. No. 3.

ADOLESCENT INSANITY (DEMENTIA
PRAECOX).

BY DR. E. TROMMER, NEUROLOGIST.

Hamburg.

THE difficulty for the practicing physician to acquire sound psychiatric knowledge consists less in the rarity of the material, less in the time for its study, than in the duration of the psychoses and their mutability. Contrary to somatic medicine in psychiatry nothing is more momentous than reliance on momentary forms, e. g., the *symptom-complex* of mania, apparently so readily recognizable, may occur in the course of the most diverse diseases. Paresis, hysteria, epilepsy, senile dementia, etc., may all occasionally produce pictures which simulate a genuine mania. This is true of the *symptom-complex* of a depression, hallucinatory confusion, etc. This phase similarity of different diseases renders possible under certain conditions, after months of observation, complete insight into the fundamental *disease process*. Mental diseases in

(249)

changing form may take up the whole life. Hence the difficulty of reliable psychiatric diagnoses. The effort to diagnose transitory *conditions* to advance the knowledge of the fundamental psychical trouble is not very old. Outside of Germany psychiatry still rests largely on symptomatic diagnoses; but there the concepts melancholia and mania in no way indicate a constant *course and termination*; many of our text-books still speak of dementia secondary to melancholia and mania. But true mania never passes into profound dementia, just as little does melancholia into paresis; for the melancholia was the incipient stage of the *paresis* and the mania was not a mania, but a phase of a more complicated disease process, whose more careful psychological analysis would have shown certain symptomatic deviations from true mania. In *paresis* has long been recognized a well characterized psychosis, on whose basis the most diverse conditions may develop. There is no psychosis admissible at this age in whose vesture paresis could not appear and lead to a false diagnosis: paranoia, amentia or hallucinatory confusion strictly, epilepsy and even delirium tremens may imitate paresis, and still careful observation will make it possible to see the *disease* in the *condition*.

Even the variedly monotonous *epilepsy* causes manic, depressive and hallucinatory states, which quite often appear like independent psychoses, until a typical convulsive seizure clears the matter up. The old habit of considering conditions *psychoses in themselves* of temporary independence and in these the most conspicuous symptoms the essential ones has long delayed advancement from the *artificial to the natural system of the psychoses*. Who, e. g., makes the diagnosis of stupor from its most conspicuous symptoms, motor inhibition, might experience the following dilemma: it may occur that a stupor follows a mania, which then terminates in recovery; on the other hand, a young person may be attacked with stupor for no cause, which is followed by secondary dementia so-called. The stupor in the one case would then be the consequence, in the other a cause

of psychosis; the same condition first terminates in recovery, in the latter in dementia; who can tell why? In truth both states of stupor are similar only in external appearance, but of essentially different significance, the one may terminate in recovery, the other in mental enfeeblement; both had prognostically available distinctions. The theory of paranoia, all too symptomatically constructed by some authors, has retarded advancement to the *natural system*. Particularly students and physicians inexperienced in psychiatry, who have not had an opportunity for careful observation will thus be in the comfortable position of being able to diagnose all psychoses with dominating delusions and hallucinations as paranoia, paranoia simplex if the first control of the field, paranoia hallucinatoria if the latter. But there are no psychoses in which delusions and false sensations are not occasionally prominent symptoms; consequently very heterogeneous conditions are actually designated paranoia, conditions which have nothing in common with the primary paranoia simplex, the tolerably typical form, other than these two symptoms, diseases which have in common neither the clinical course nor certain characteristic symptoms. But delusions are not characteristic in themselves, but *how they originate and how they are regarded*, not hallucination in themselves, but *how the patient reacts toward his hallucinations*. The delirious patient, e. g., reacts entirely different toward his false sensations, the imbecile elaborates and asserts his delusions entirely different from the real paranoiac. Establishment of evident symptoms does not suffice: we have first recognized the disease when we are able to causally combine the following states and when we are able to give a *prognosis*. In every psychical disease the prognosis is of the greatest, not only academic, but practical social importance. It is as in meteorology the *criterion of the science*.

The younger the person afflicted, the greater accordingly is the number of clinical possibilities, the more difficult and so the more important for the whole life will the prognosis be.

This is the cardinal reason for my describing a group of diseases, which, in spite of its frequency, importance and relatively good prognosis, is known to the fewest physicians. They are diseases, which beginning in the years of puberty or after, in *adolescence*, present polymorphic, but still characteristic symptoms and usually lead to a definite mental enfeeblement, steadily or paroxysmally. Better known than the name *dementia praecox* introduced by Kraepelin is Kahlbaum's designation *adolescent insanity*; better known also the varieties christened *hebephrenia* and *katatonia*.

States of this disease were of course long known, but the epithets paranoia or mental enfeeblement were satisfactory, or mania and melancholia, which terminated in mental enfeeblement, were spoken of.

The honor of having lifted this disease out of the catch-alls of paranoia and mental enfeeblement belongs to Kahlbaum, recently deceased. In 1871 Hecker described in this sense as hebephrenia an adolescent psychosis, which passed through the forms of mania and melancholia and would then terminate in mental enfeeblement; in 1874 Kahlbaum described katatonia, similar to the former, yet characterized by stuporous states and tendency to spastic and stereotyped innervations. Both papers were sign-posts in psychiatry, but met with little consideration and still less recognition, until Kraepelin accepted these diseases, demonstrated their scope and made them capable of diagnosis and last, not least, popular.

He embraced the whole group under the name of *dementia praecox*, as *premature dementia* in contradistinction to the dementia of the age of involution, senile dementia. The frequency of this process is much greater than Hecker and Kahlbaum presumed. While Hecker found only 14 hebephrenics among 500 patients, in Heidelberg during my assistantship, a third of the male wards were filled with these patients. Regional differences always seem to exist; e. g., I observed among the numerous admissions of the

Dresden Detention Hospital this disease was much more rare than among those of the Heidelberg Clinic.

The possibilities as to course in this disease are great, no less great than in paresis; three subvarieties may be readily instituted for the purpose of orientation, which are united by mixed and transitional forms.

The dementia in these cases to be characterized as *simple demented forms* of dementia praecox is of the most even course. Without conspicuous omens a very gradual decline of the mental faculties begins at 16, 17 or 18, in boys, often during apprenticeship or in the last school years, in girls, at the boarding school; they become inattentive, hard to understand, indifferent and obtuse to nobler incentives, lose interest in family and friends, in higher and usually even in lower interests; they become more and more lazy and apathetic or thoughtless, oppositional, unstable, and, even though cultured persons, vagabonds. *Dementia praecox furnishes a large contingent of the insane vagabonds.* With the fading of the inner motive force, the spontaneity loses self-confidence and self-consciousness. A patient I knew, and only a little debilitated, whose mental failure had appeared during the last year in grammar school, and correctly performed simple clerical duties, always wrote the alphabet for the sequence of the transactions.

The alienist rarely sees such dementia, because it usually occurs ante portas of the hospital, where it is not regarded by the relatives and usually not by the family physician to be a disease. More often depression, states of anxiety, fear of unknown enemies, hypochondriacal complaints, usually of sexual content, or strange remorse reveals the disease. A patient of the Dresden Hospital was despondent and every evening prayed God for forgiveness, because he had caught a little girl by the abdomen. Soon the mental deterioration followed these preliminaries, which in these cases do not often attain an intense form. In the hospital such demented patients are the most harmless and stupid of all. Even the most demented paretic utters

sounds, but the former often do nothing at all, many stand about and do not seem to think, they lead the existence of a lower animal, yet only when left to themselves. For in spite of the destruction of all special impulses the majority noticeably retain such *knowledge and ability they have acquired before the beginning of their deterioration*. Such a patient, formerly a book-binder, who, if left to himself, stagnated completely, could be readily and skillfully employed in the hospital book bindery, his work was painfully neat, if very slow and when he needed new incentives in any change in work. Another, who in the first class in school, became ill with apathy and hypochondriacal complaints, was a demented, awkward, lazy, untidy person, who preferably remained on the closet and spontaneously uttered only sneering or bestial sounds; but accosted he was able in a surprising way to give information as to his teachers and even of classics he had read.

These terminal states are then easy to recognize after consummated dementia and to be definitely separated particularly from *congenital mental weakness* by means of its psychological attributes. These are: 1. Loss of the sentient impulses, the lower and higher tones of feeling; 2. Loss of those highly co-ordinated mental faculties, which are manifested in the desire for mental occupation and interchange of ideas, in objective observation, in criticism and methodical actions; 3. By retention of the lower mental functions, memory, ability to do mechanical work and orientation in time and place.

The forms of dementia praecox described as *hebephrenai* differ from this type of a *steadily progressive*, quiet *mental deterioration*, by irregular course, by alternation of the most diverse conditions, by the occurrence of various states of irritation (affects, false sensations, acts of violence, variations in consciousness) and by the early appearance of confusion; they terminate, with rare exceptions, quite rapidly in a mental weakness especially marked by the *persistence of delusions, bizarre habits* and by the *incoherence of their assertions*. The symptoms considered essen-

tial by Hecker, besides age and termination, namely silliness, precocious character and a definite sequence of conditions—first melancholia, then mania, then confusion, finally mental deterioration—are no longer to be upheld. The disease usually begins with depressive states, headache, disorders of sleep and despondent thoughts, owing to the perception of the loss of ability, but not always; many cases begin with delusions of peculiar, physical influences (probably owing to paraesthesia), the patients believe they are influenced, the blood changed, watched in a mirror, "false ideas put into the head," etc.

Other cases begin with hallucinations, quite often of sexual content, virgins believe they are pregnant, others see Christ as bridegroom, etc. I knew of a young man who was arrested because he visited ladies under the pretext that he had been engaged by voices to serve them sexually. Advanced mental weakness is often expressed *by the reaction to such hallucinations*. Diverse forms of excitement, which usually resembles a frenzy or a so-called hallucinatory confusion, follow the initial symptoms: in women childish, simple excitement seems to prevail; in men, conditions combined with confused delusion formation and sense deceptions.

As examples, I will briefly describe two cases observed in Dresden:

S., 18, with strong taint, previously good scholar, became stupid and languid and began to sleep unusually long. One day she became frantic because she was censured for absent-mindedness in playing the piano; from then on she did not sleep or eat, had dyspepsia, God appeared to her and asked whether she wished to die or be an artist on earth; she became confused and began to use obscene language, talked to angels and devils and jumped out of a window because the world was to be destroyed. In the hospital she was erotic toward the physician, then excited, sang, cried, threw food about, behaved at times like a "spoiled, capricious baby." When quiet she talked silly. Sleep was irregular, at one time she slept without medi-

cine, again did not in spite of it. She attempted suicide once, because she should take a hypnotic. Many extremely silly suicidal attempts followed this. She was evidently demented, urinated in her clothes and collected a puddle of saliva on the floor. The initial diagnosis of hysteria, based on capricious excitement and analgesia of the tongue must soon be changed to hebephrenia.

In the other case, an equally tainted, bright girl of 19 suddenly became depressed, cried, saw figures on the wall, changed her clothes frequently, had a convulsive seizure and afterwards fainted several times. Then rapidly changing conditions, she soiled herself with urine, defecated in the bath, experienced "improper things" in her own body, was electrified by machines, assumed theatrical attitudes and temporarily presented cataleptic and analgetic states. When perfectly quiet she talked incoherently and in senseless platitudes. Unmistakable mental weakness.

Both cases resembled mania at times of exalted mood, motor impulse and loquacity; but clouded consciousness, excitement rapidly changing, filthy habits and incoherence characterize them as hebephrenic. The states of excitement very soon passed into terminal dementia.

The other sort of course of hebephrenia, more frequent according to my experience and in men corresponding to their less affective nature is usually spoken of in the older text-books as paranoia; nevertheless it is essentially different from it. True paranoia usually begins in middle life, is of chronic course without elementary states of irritation, without any primary confusion, without any peculiarities in action and conduct, which for the laity stamp the dement as "crazy," does not result in marked mental enfeeblement and is generally characterized by great constancy. The paranoiac elaborates and egocentralizes his delusions, he watches closely his fancied interests and *his hallucinations have a certain sense. Directly evidential* of the heterogeneity of both processes is the *primary paranoia* described by Sander; it begins in adolescence and bears the traits of

true paranoia and not those of dementia, like the following case of forensic interest:

A clerk of 21 emigrated to America for no reason; there he was persecuted and heard his persecutors plotting to drive him out of his boarding place by insults and accusations; on his journey home they gave him no peace. As he feared the Free Masons he begged protection of Leo XIII. He also wrote two letters to Bismarck and the King of Saxony, in which he offered his services in "political matters," although he had "neither judistic or theological" training; at home he fancied he was surrounded by conspirators, scandalized because his mother gossiped about family secrets and gadded about aimlessly. As *vagabond* he was punished in different ways, was sent to the almshouse and from there to the work house as insane, but "suspicioned of simulation" where he was punished twenty-one times for laziness, filthy habits and insubordination, until a psychosis was finally admitted. At the hospital he was outwardly co-ordinated, but completely unsettled and produced the most absurd ideas: at seven years of age he had had a knitting business, in Bavaria there are Orinoco men, who are not born in the usual way, the difference in the church relations in Bavaria and Prussia depends on the difference in the postage stamps, etc. His confusion is illustrated by the following letter, in which he asks for new trousers:

"*Dear Parents:* With my Aunt Johanna I need my full rig through the elimination of the coal stove. I am at present among strangers and conformable to typhus in the salt damage the powder Hardt at Dresden, lodging in the hospital asylum, where I need my camisohl clothing . . . etc."

This hebephrenic *incoherence* I consider the most important sign of this dementia, because it may appear in almost all stages, as I will show by a few more examples:

A patient, similar to the one spoken of, formerly an intelligent mechanic, now dissolute and demented, punished sixteen times, "professional vagabond," so-called; but con-

spicuous by false sensations and confused delusions, wrote the following protest to his confinement:

"To the Royal Prefect: My position for the general good is for the purpose of being able to inform against these futile expostulations. The realism and inhabitability of my country affects me according to martial law. Still, the denunciation of my position proven in nine instances, which will indicate that formality by which I could now be set at liberty, etc."

As this letter was of no avail, he wrote to President Thiers:

"Honorable Mr. Thiers: The animals cause me to place before you my unsuitable position. I am confined here for a long time, etc."

A peculiarly comical confusion is shown in a letter given in Kraepelin's text-book, p. 117, Vol. II, of the sixth edition.

The grammatical structure of such exhibits are so plainly different from the form of expression of epileptic, parietic or maniacal patients with confusion, that I am often able to make the diagnosis by it alone. Of its signs four are conspicuous: 1. Maintenance of syntax; 2. The abundance of unusual, the most sonorous words possible or foreign words, for which a special tendency exists; 3. Coining words, often of obscure origin; 4. The absurdity which so occurs, that the original sense is replaced by forced, anomalous phrases, by the most sonorous completions possible, by superfluous, *aparte* words, so disjointed and mutilated, that the original thoughts occur sporadically and fragmentarily; somewhat as Horatio describes Ophelia's incoherence:

" she speaks things in doubt,
That carry but half sense; her speech is nothing,
Yet the unshaped use of it doth move
The hearers to collection; they aim at it,
And botch the words up fit to their own thoughts."

The incoherence chiefly affects nouns and adjectives and connected with other words neither by inner nor external

associations. Forel has aptly termed incoherent combinations of words "word salad."

The mutilation of sense increased with the degree of the mental derangement, until only series of "word husks," as Krafft-Ebing expresses it, remain; the critical faculty, which seeks, tests and arranges the words, is wanting; and that is the sign of incoherence.

I remark, in the interest of clearness, that the symptom *incoherence is not to be identified with that of confusion*. Confusion may be properly termed the inner connection, which must first be disclosed. Incoherence the derangement perceived in speech and demeanor; we therefore speak of hallucinatory *confusion*, but of *incoherent* talk. Incoherent talk sometimes occurs in normal persons: 1. Under the influence of toxic factors, e. g., alcohol; 2. In states of trouble and exhaustion. An instance is afforded by Beckmesser's unsuccessful song.

Instructive, especially for the estimation of the accomplishments of certain scholars, is the essay written by a hebephrenic patient in *perfect placidity* and of which I will give a sample. As a theme she had chosen: "*Life a dream, or dream life*:"

"A life is said to begin in general, to be a child in the fullest sense of the word. A child is harmless and innocent. Still all children are not constituted the same. One is sickly, hence needs care, the other is well and only hopes for love, both are children of one God. But which does the mother love the more? According to prosaic conception she loves both. But the poet opposes it, and he alone might. But he has not calculated his word for all persons. But in his garden only roses bloom. He would gladly plant them in every garden, but almost all earthly ground is sterile. Hence he must be careful with the garden. The rose will easily become the bone of contention," etc.

Towards the conclusion she becomes still more incoherent:

"All earthly is perishable. Love is deeply implanted

in a person's breast. George Ohnet says no! no! The people may read so. Imaginary, false and distorted is it still. Nothing new can be found in numbers. Otherwise an Ella would have been recognized in Mary Stuart. Elizabeth could never have reigned on the English throne rightly. But Christian orphans sing psalms of children's vengeance. Oh, that sounds sweet as glance from you is Eve. But in German numbers. The sun of my happiness," etc.

The tendency to replace sound opinions by phrases and sounding platitudes is peculiar to many young people under the constraint of society, but here far exceeds the limits of anything normal. *The normal predilection of puberty for the labored and affected style, for phrases and poses*, in a word for the unnatural, we see still increased in the products of its psychoses.

Incoherence, analogous to that in the talk, is seen in the behaviour of hebephrenic patients, and this may be especially observed in the gait, manner, gestures and in the way of eating and drinking. While the movements of the maniac are unconstrained and of natural dexterity, those of the hebephrenic, if they are pathologically deranged, are always somewhat constrained, unnatural, forced in a peculiar way. In gait they dance, sway at the hips or strut stiff-legged; their gestures are angular, awkward, often deranged by *adverse impulses*. As the sense of their talk is mutilated by interpolations, *motor adverse impulses*, seem to constantly distort the line of natural movement. Their talk as well as their movements gradually lose *prime motive*, by which normal motor manifestations are always determined.

It is true in general of *demented hebephrenic* patients that differentiated from simple dements, they are harmless, stupid, seclusive, but conspicuous for *bizarre practices*; they mutter to themselves, grimace, wiggle about and pull at the beard or clothing, etc.

I know such a demented referendary, who took food from all parts of his clothing and eat it, as said to kill frogs in his stomach; when the food was gone he eat

slivers from the floor. Another became angry when he saw his own shadow; another became apparently furious when anyone entered, but merely to touch a tip of his clothing; then she sat down apathetically in her corner.

The physical signs of hebephrenia are: Exaggeration of the knee jerks, exaggeration of the vasomotor reflexes (dermatographia), exaggeration of the mechanical nervous excitability (facial phenomena), anomalies of secretion, like hyperhydrosis, seborrhoea oleosa and salivation; as more complex phenomena, catalepsy and sporadic convulsive seizures. None of these symptoms are pathognomic, still dermatographia, salivation and catalepsy are to be used as supports of the diagnosis. Sleep is to be considered, if it occurs in spite of daily excitement, for maniacally excited patients do not sleep.

Far more conspicuous are the psychical and somatic symptoms of *katalonia* or tension insanity, the best known and in consequence of its symptomatic peculiarities, the best recognized form of adolescent insanity. We are indebted to Kahlbaum for the first description of this form; his description might be broadened and completed, but does not need to be essentially corrected.

Katatonia is differentiated from hebephrenia by *certain motor symptoms*, by *severe attacks*, which may even simulate organic brain troubles, by *remissions*, which, as in paresis, may last for years and by sporadic *recoveries*. In the majority the end is profound dementia.

The first symptoms are usually *depressive*, vague sensations, head pressure, congestion, bad dreams, scotoma, syncope; the insanity soon becomes evident in confused or terrifying hallucinations, in fantastic fear of death or hell, sporadic delusions, which quite often cause hostility to relatives, or precipitate acts of violence, convulsive seizures or peculiar conduct. After these prodromes lasting several weeks or months the specific conditions are developed, *katatonic stupor* and *katatonic excitement*.

Katatonic stupor resembles ordinary (exhaustion or circular) stupor, but in rapidly attained development pre-

sents less the picture of *motor paralysis* than that of fixed *motor constraint*, often with tonic postures and spasms of the limbs. The patient lies or stands in a petrified attitude, often assumes the constrained posture of Apollo, of Tena or Aegina, the limbs stretched out or in peculiar *statue-like* postures, he does not speak, eat nor react to pain stimuli and often does not wink; every external influence is met with by an *elastic* resistance; the jaws close before the spoon with food; in attempting to move a limb, it is held with elastic force and on discontinuing the pressure quickly returns to its former position. This automatic exaggeration of the katatonic persistence to the elementary resistance is called negativism. A part of the patients present, instead of *negativism*, the opposite symptom, catalepsy. The limbs do not elastically return to the former position, but retain the one given them, like a lead pipe.

Now and then this constraint is interrupted by unexpected impulses, the patient raises both arms or he suddenly gets out of bed—so-called *active katatonic movements*—or after days of mutism insults a neighbor or commits a sudden act of violence. These motor manifestations now and then interrupting long and profound stupor are extremely valuable for the diagnosis. Hallucinations may be the cause of such eruptions, but not necessarily. A patient, who suddenly threw the urinal in another's face, said, after regaining self-possession and begging pardon, he had to do it, it had thus come over him.

The excitement is especially distinguished from other sorts, somewhat maniacal, by this tendency to *stereotyped innervations* in talk and movement. The patients rock back and forth rhythmically as idiots generally do, they pace back and forth like a bear in a cage, or they walk in certain figures (circles, quadrangles, etc.). Stereotyped character of what is said and written is conspicuous. In writing the patients use the same word repeatedly, put a certain sign after each syllable, or they constantly vary the same word, they *verbigerate*. I heard a patient sing the alphabet

for hours to the melody of "With my Mandolin." It is as though the patients are possessed by some innervation pattern.

A frequent peculiarity, occurring in stuporose as well as in excited conditions is a certain suggestibility in manner, word and action, called catalepsy, echopraxia and echolalia, symptoms of unlike significance. While catalepsy is found in imbecility and stuporous states of other origin, the manifestations of imitated gestures (echopraxia) or of repeating words previously spoken (echolalia) occurs chiefly in katatonia: *stupor with echopraxia is almost certainly katatonic*. The katatonic betrays himself more than any other patient by his unnatural monstrous behavior, by his predilection for phrases in speech, poses in movement, but which are still more constrained and deviate still more from everything natural than in hebephrenia. I know a well educated patient, who went about dancing for weeks, gliding with arms and shoulders dangling and sweetly smiling or rolling the eyes; she demented very rapidly. Another patient, a law and corps student, maintained a rigid theatrical pose, threw the head back, rolled the eyes, imitated the vulture, attacked fellow patients with fencing foils and declaimed with pathos:

" . . . I had overcome in battle the sun, the moon and the earth, I still believed I am well, for I conquered the earth, I received a drink of milk and water from Dr. N. I bathed in the blood of vengeance, in the blood of the bacillus of vengeance. No, that is not true, who has inspired his death in me, since then I always inspired death. How is it with him?" etc.

From such excitement of medium severity or by means of stupor, severe, furibund attacks may occur suddenly, which are best termed *katatonic delirium*; vague excitement in greatly clouded consciousness, with a motor impulse, usually silent, with whirling, waltzing, snorting and the most dangerous self-inflicted injuries. I have seen a patient jump up in bed and throw himself on the floor head foremost. All remembrance of it was wanting. Instead of

delirium *convulsive seizure of tetanic or epileptoid character* may occur. States of superfaction with intimation of aphasic disorders are rare.

Physical symptoms are more frequent in katatonia than in hebephrenia; besides those mentioned, analgesia, mydriasis and spasms may be observed. All three are of greater diagnostic significance than those mentioned in hebephrenia. In women the menses often disappear or become more rare at the beginning or for the duration of the disease. The laity then naturally make the suppression of the periods responsible for the psychosis.

According to Kraepelin the *termination* of one-fifth of the cases of katatonia is in recovery, but it is always to be taken with reserve, in view of the possible remissions, in one-third of the cases slight dementia, in the rest profound. Its final appearance is usually manifested by marked increase in the previously lowered weight in stationary or even increasing mental weakness.

In the hospital katatonic dementers are noted by the frequent and sodden appearance, by great sluggishness and by *stereotyped* movements or *habits*.

A pathological anatomy of these severe disease processes occasionally accompanied by convulsions, delirium and clouding of consciousness and leading to the most profound degree of dementia, is still wholly wanting. Nissl's greater knowledge of detail seems to have disclosed subtle cortical changes to be regarded pathological. At present we must then strive to gain etiological data in the living.

We have become acquainted with three allied disease processes with symptoms and termination in common: *simple dementia*, a simple atrophy of certain mental functions, *hebephrenia*, a process of mental enfeeblement with states of excitement, and finally *katatonia*, the disease accompanied by the most intense and peculiar symptoms. Between all three there are gradual transitions; we recognize as common, prominent symptoms for diagnosis: 1. *A peculiar incoherence* in talk, writing and conduct; 2. The *tendency to the production of bizarre anomalies of innervation* in

gait, gestures, manner and habits, in tendency to gesticulation and grimacing; 3. *Weakness of judgment*; 4. *The termination in a peculiar dementia*. These common fundamental attributes and the gradual transitions oblige us to regard the three forms as varieties of the same disease process. On what factors it depends, whether the disease takes the one or the other form, we do not know.

We know little that is certain as to the *causes of the whole disease*. The most important etiological factors are doubtless *heredity* and *age*. Hereditary taint may be established in seven per cent. of the cases, which is somewhat less than in epilepsy and the curable psychoses of adolescence. In regard to age it must be strictly remarked that processes of mental enfeeblement of similar sort may occur in later life; katatonia seems to be developed even at the climacteric. However, the *favorite time for dementia praecox is certainly puberty*. Other direct causes, like lues, alcohol, infectious diseases or trauma are not proven. In men, military service and imprisonment have an exciting influence, in women, the puerperium. Quite a contingent of katatonias follow confinement or lactation. The majority of the cases of so-called melancholia or puerperal stupor terminating in dementia are certainly to be included in dementia praecox. If psychical trauma, fright, trouble or adverse love affairs, from which fiction derives its psychoses, are only incidental causes, adolescent psychoses often follow adverse passions or broken engagements.

Owing to this lack of a certain etiology and pathological anatomy only presumptions as to the nature of the disease processes can be advanced.

The hypothesis, that it is here a matter of a failure of nature in the transition at the time of maturity, suffices at most for the mildest cases usually running their course outside of the hospital. But in the severe cases terminating in dementia, it is a matter not of an arrest, but of a *destruction* of whole series of functions of the psychical organism by a multitude of pernicious agents; many katatonias attended by stupidity, excessive perspiration, my-

driasis and delirium force the assumption, that it is here a matter of some *toxic* process in the organism on the basis of a nervous system weakened by taint and the increased stimulation and demands of the years of development. It is not to be forgotten that all that cannot be defined is regarded as autointoxication; still we must here assume an agent *whose point of attack must primarily be the most highly developed layers of the cortex*. For we always see the highest psychical functions, and in the simple demented forms alone, fail; while all the somatic and usually the lower psychical functions are often permanently retained.

What therapeutic claims can now be advanced from these etiological considerations?

The cardinal causes, heredity and puberty, can naturally be prophylactically urged in the sense to adapt as much as possible the amount of demands of school and life on the brain to the personal capacity. It is rarely considered what affects, what intellectual stress at this most dangerous age an inadequate brain is subjected to by numerous requirements of school and society. Protection is to be afforded those brains which appear to fail.

By the assumption that it may be a matter of an autointoxication, no reliable therapy has as yet been offered. All the hopes placed on *organotherapy* have failed. Whereas it seems perfectly natural to increase the elimination of the body in perspiration and urine by a physical means, then hot packs, moist packs and mild cold water procedures. Acute or dangerous excitement, dangerous either to themselves or others, naturally require hospital treatment, whose discussion is unnecessary here.

Whereas detailed therapeutic considerations are proper, then and in the cases, which after the decline of the storm present the picture of calm and essentially undisturbed dementia. Owing to the formerly acquired knowledge and abilities of being well retained to a considerable degree, they are *capable of re-education*, if they are kept at a rational occupation. The more severe forms interpose great difficulties through sluggishness and stupidity, while the

milder are readily employed, *i. e.*, trained to mechanical handiwork, copying, etc. The working force of insane colonies are recruited in great part from these patients. For many, especially previously educated patients, the return to family care or to an easy occupation, of course under proper supervision, is not only possible, but even indicated. That proper training is able to resurrect a number of transmitted faculties in seeming demented, is known to every alienist.

If the therapy is a matter chiefly in the interest of the patient, the question, which at the outbreak of a psychosis first interests the family, and whose answer they may reasonably desire, is the *prognosis*, and as this can only be given by the diagnosis, we must now speak of the *differential diagnosis*, in so far as it has not been mentioned. Of course we can only consider the most important diseases; for strictly not only the possible psychoses would have to be considered, but also neuroses, intoxications and the affects normally peculiar to puberty. In love affairs especially affects of apathetic or excited nature may occur at this time, which are often hard to differentiate from disease.

Neurasthenia and hysteria, which quite often begin at puberty, are to be considered with respect to the premonitory symptoms of dementia praecox (feeling of depression, attacks of anxiety, insomnia, headache, etc.). Peculiar hypochondriacal complaints are suspicious of dementia praecox. That auto-intoxications are to be considered, was shown by a hebephrenic, whose initial symptoms were ascribed to and treated as lead poisoning, because he was a compositor.

All the psychoses often occurring at puberty may be most clearly classified into so-called organic and functional, the latter in chronic and curable, and again finally into periodical and transitory (that is a typical exogenic psychosis of short duration).

Of the organic psychoses in spite of the rarity at adolescence, paresis must be considered. I call to mind a woman of 23, who was diagnosed a paretic by speech disorder and

a form of mild, unreasoning euphoria, rare in hebephrenia, physical symptoms were absent. More often we must make this differential diagnosis in the rare late forms of dementia praecox. The stereotyped form of confusion above described is decisive for dementia praecox, if none of the physical signs of paresis are present. It must always be emphasized against a common opinion, that we are usually able to make the differential diagnosis whether paresis exists or not, without physical signs and solely by psychical symptoms. The late form of dementia praecox may cause confusion even with focal brain diseases, e. g. I remember such a patient, whose scanty and slightly incoherent talk with quite well co-ordinated conduct had been regarded as aphasia.

Of the function, chronic psychoses remain *paranoia* and in part *epilepsy*, both important differential diagnoses, the latter owing to the convulsive seizures occurring in demential praecox. *Epilepsy* may cause a permature mental weakness, but then convulsive seizures in greater number have to be anamnestically proven. Katatonic convulsive seizures are *solitary*. Epileptic mental enfeeblement is readily recognized by its awkward, peculiar, vicious nature. The typical form of manifestation of the epileptic is an awkward, unwieldy talk, poor in concrete, which always centers about one point. Whereas it is extremely difficult to differentiate katatonic delirium and epileptic dazed conditions, it is impossible to describe their fine differentiation in concise terms: analgesia, stubborn, visionary character, abrupt impulses, terrifying hallucinations may all be alike. The differential diagnosis is important on account of therapy, both are dangerous. It is the factor of dangerousness which renders the differential diagnosis between *paranoia* and hebephrenia very important under certain conditions. I have already called attention to the differential signs with respect to the occurrence and behavior toward their own delusions. The consistency and energy, with which a paranoiac lieutenant I knew pursued his delusional interest—he considered himself an illegitimate son of the

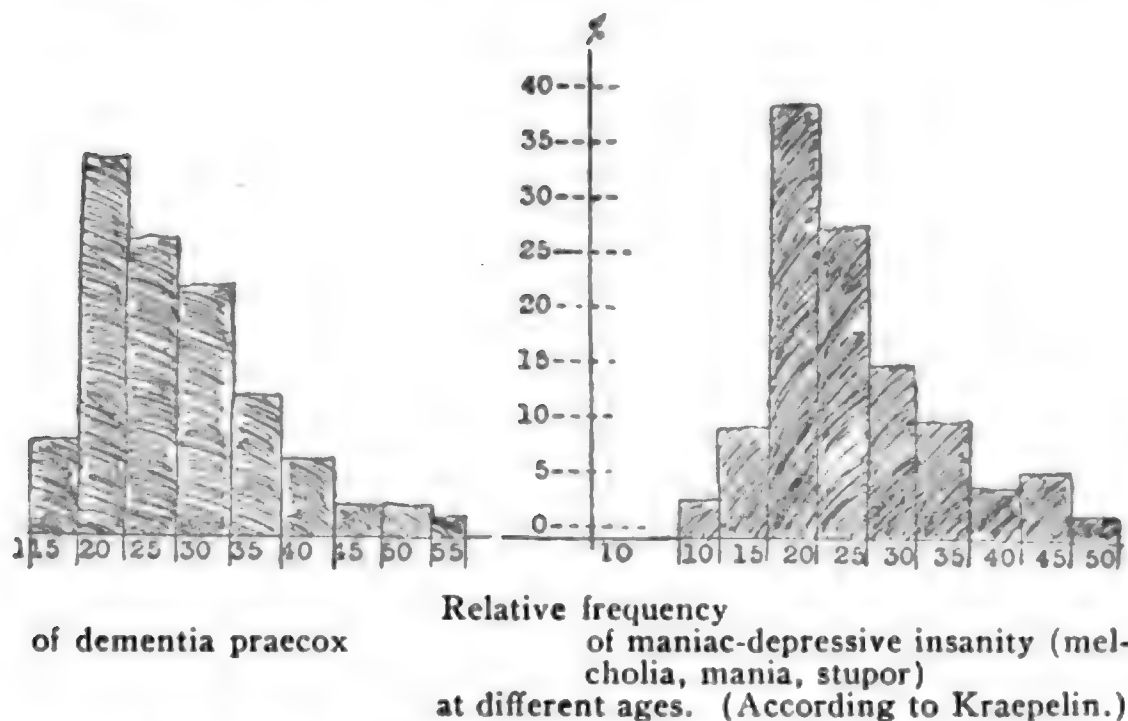
King of Saxony—caused his family most annoying embarrassments. Whereas a hebephrenic, pseudoparanoiac, who considered himself the Queen's "Greek man," what that is he does not know himself, quietly let his delusions be contradicted and defended them in no way; further, in the paranoiac the *feeling of illness*, which is quite often present in dementals as feeling of emptiness and confusion, is *always* lacking; in him those confusions and absurdities, which for the laity stamp the hebephrenic as "*insane*" are wanting. The establishment of dementia does not alone suffice, for congenital imbeciles may also be paranoiacs. The *mode of manifestation of the delusions* is decisive.

Of the greatest significance may be the determination between precocious dementia and curable psychoses—or should be at least—in more extensive family plans (engagements, career, etc.). The need of a reliable prognosis, as well for the public as for the family physician is not actually in accord with the present state of our science, nevertheless in the first beginnings a more certain outlook whether curable or not is often possible.

Melancholia, mania and stupor strictly to be considered *affective* or *emotional troubles*, are the most frequent as curable psychoses. All three have essential points in common in spite of apparently great external differences: 1. They usually develop without adequate cause on the basis of hereditary taint; 2. After short duration (one-half to one year) they terminate in recovery; 3. They usually recur many times during life; 4. They alternate in recurrence or replace each other; indeed, as Kraepelin and his pupils have shown, they even blend, e. g. manic and depressive, manic and stuporose traits may mingle. They are then to be regarded *psychotic equivalents* and consequently to be judged *prognostically alike*.

The most favorite time for these psychoses, like dementia praecox, is the first half of the third decade. The comparison of two tables taken from Kraepelin's book

graphically represents the importance of this differential diagnosis.



If we can diagnose melancholia, mania or pure stupor, so it is that the patient gets well after one-half to one year, but after recovery needs continually the utmost consideration to prevent the probable recurrence of the disease. The mild and medium grades of these largely affective conditions are easy to recognize. The feeling of profound misery, the desperate anxiety of the melancholic, the *natural* exuberance, the explosive mood of the mania, the *equal* retardation of all motor functions in stupor stand out from the first against hebephrenic states, with a certain mental weakness, accompanied by stupidity and a tendency to absurdities. At any rate melancholiacs may make complaints to be called imbecilic or self-accusations, but only in extreme anxiety, maniacs may also be incoherent in talk and behavior, but only in *great motor excitement* and even then combining in the talk external word associations according to *klang* or *rhyme* are to be perceived; but the hebephrenic or katatonic is *incoherent* and disconnected *even when quiet*. In mania I saw many times the natural dexterity of the movements, the *wantonness*, *clownishness* of the whole character decided the otherwise

difficult diagnosis. Profound stupor may greatly simulate the katatonic, but the *first* lacks the peculiar impulsive movements of the *latter*; first of all the movements of the stuporose patients are uniformly retarded and consequences of perceptible intention, whereas those of the katatonic after being commenced often meet with a sudden, entirely unintelligible "*arrest*" or *diversion*. But genuine stupor may appear catalyptic and insensitive to pain.

The diagnosis meets with serious complications, when congenital imbeciles become manic or melancholic, because here the important sign of mental weakness, i. e., the *weakness of judgment* existing in times of quiet, is wanting. The mental enfeeblement developing in the course of dementia praecox is the basis on which the symptoms of a mania or depression arise. Here the mental weakness remains the same in all stages, there it originates and increases on longer observation. The symptoms of the childish and silly conduct, which was formerly considered especially hebephrenic, here proves untenable; for the manic imbecile as a rule behaves silly and childish; nevertheless on close observation he may not lack the symptoms of genuine mania, then even the expansive mood increased to joy or anger, the flight of ideas, i. e., the tendency to external (rhyme and *klang*) associations in talk and writing, a certain naturalness in the manifestations of the motor impulse and the insomnia.

If an *imbecile* becomes *melancholic*, imbecilic self-accusations or stereotyped manifestations of affect, which depend on the paucity of ideas of the diseased brain, lead to the wrong diagnosis of dementia praecox; but the melancholic is consistent in his affect, in stereotyped conduct, profound, despondent depression usually exist, partaking of food is lessened and possibly refused corresponding to the degree of depression and the signs of confusion characteristic of dementia praecox wanting.

Of the so-called transitory psychoses those states of hallucinatory confusion are most often to be considered, as they affect those with *taint* after real *exhaustion* or *psychical*

trauma. The true exhaustion psychoses, the puerperal—or lactation stupor or amentia are characterized by the *dis-orientation* rarely observed in hebephrenia, perplexity and a certain *stupor*. I remind that the katatonia quite often follows confinement.

Most of the hallucinatory psychoses originating on the basis of strong taint, to which Magnan's *delire d'emblee* is to be included, are yet too little known to set forth certain differential signs. A part of these states, particularly frequent in large cities, is certainly to be regarded hysterical. I have cases which approximate particularly katatonic states in the manifestation of automatic orders, then catalepsy, echolalia, echopraxia, even in certain incoherent talk. They seem to be differentiated from the latter by the fact that they may be intensely influenced by induced affects or by observation. Also in spite of a theatrical, excessive character they may be lacking in the signs of mental weakness and primary confusion. The most remarkable of this sort was the psychosis of a lady, who at times presented genuine katatonic stupor and still imitation of an example seen sometimes was not to be proven: she presented mask-like rigidity of the face, mutism, sudden laughing, negativism, refusal of food, she held her breath, collected saliva and let it drool on the floor, etc. The psychosis recovered very quickly; on account of the course and the permanent intactness of the intelligence she must be regarded hysterical.

Besides severe hysteria with frequent hallucinatory attacks at times of quiet may give the impression of being a remittent katatonia: constrained, somewhat inhibited character with slight mental production, with ability to work retained, mydriasis, exaggerated tendon reflex, etc. A case I recall was explained after two years by a hysterical, dazed condition. In such difficult cases a *continuous observation as unnoticed as possible* will always prove the surest way. Time often explains what is concealed from the most careful examination of the present condition. I would warn against placing too much value on the so-called *hysterical stigmata*, then partial analgesias and absence of mucous membrane re-

flexes, in case they are not especially pronounced. They are of little use in the differential diagnosis between hysterical and more serious psychoses.

Therapeutically this determination is of course of the greatest importance, for in the first case essential psychotherapeutic measures are to be considered.

THE TRAINING OF MENTALLY DEFECTIVE CHILDREN.*

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Children.

THE successful training of the feeble-minded in various avocations, thereby transforming a dependent class into a community contributing in large degree to self-support, may be accounted as by no means the least of the achievements of the nineteenth century. Not only does it mark a distinct era in education, but it is already influencing a return in the schools to that development through the hand which, in the past, built up communities and associations of craftsmen, and dignified labor as an honorable calling, and we cannot but feel that this recognition is the best possible endorsement of our work. That our methods demonstrate the true meaning of the word educate, is readily perceived, for we are forced to study the child and develop what we find. We simply cannot pursue the or-

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dinary plan of beginning with abstract ideas and second-hand knowledge through the medium of books for many reasons.

Take for example, one, the defective memory of the child, which is apt to be either exaggerated or nil. Therefore the presentation of mere facts is to him either harmful or useless. Again, inertia or dulled faculties need the constant stimulus of emotions healthfully awakened, in order to be attracted to things or to the occupations that lie nearest. When he begins to do, to accomplish, to himself create anything, however simple, then, and then only, is the child interested in what others have done and how they do it; and, as step by step he follows this path, does he demonstrate that "the working hand makes strong the working brain," and enables it to grow and develop.

In the process of this experimenting with numbers in mass, we have repeatedly found them dropping into three divisions, each evidencing a certain kind of ability within certain limitations, beyond which it is impossible to pass. This has led to a nomenclature of grades, a term somewhat confusing to the general public, who naturally associate it, as used in the schools, with the idea of progression, although they are distinguished, not numerically, but adjectively as low, middle and high.

Thus a mother finding her boy year after year in the same room, inquired when he was "going up to the high grade room?" and was quite amazed when the teacher exclaimed: "Madam, your son can no more become a high-grade boy than he can become an elephant. He was born of middle grade and that he will always be, even after he leaves school." However she was afterwards consoled when shown the progression he was making, and the various avocations which would open to him a useful life in some one of which he was capable of being trained.

Building upon the experience of half a century, we have gradually evolved the following classification indicating the kind of training suited to capacity of grades and

outlining future possibilities. The value of this we have proven with successive classes for some years:

ASYLUM CARE.	IDIOT.	
	Profound	Apathetic Excitable—Unimprovable.
	Superficial	Apathetic—Slightly improvable. Excitable—Improvable in self-help only.
CUSTODIAL LIFE, AND PERPETUAL GUARDIANSHIP.	IDIO-IMBECILE.	
	Improvable in self-help and helpfulness. Trainable in very limited degree to assist others.	
	MORAL IMBECILE.	
	Mentally and morally deficient.	
	Low-grade.	Trainable in industrial occupations. Temperament bestial.
	Middle-grade.	Trainable in industrial and manual occupations. A plotter of mischief.
LONG APPRENTICESHIP, AND COLONY LIFE UNDER PROTECTION.	High-grade.	Trainable in manual and intellectual arts, with genius for evil.
	IMBECILE.	
	Mentally deficient.	
	Low-grade.	Trainable in industrial and simplest manual occupations.
TRAINED FOR A PLACE IN THE WORLD.	Middle-grade.	Trainable in manual arts and simplest mental acquirements.
	High-grade.	Trainable in manual and intellectual arts.
	BACKWARD OR MENTALLY FEEBLE.	
	Mental processes normal, but slow and requiring special training and environment to prevent deterioration. Defect imminent under slightest provocation, such as excitement, overstimulation, or illness.	

Here you find presented in three broad divisions, the perpetually helpless in asylum, the perpetually dangerous trained in custody, and the tractable class capable of being brought, through training, to various degrees of responsibility, but maintained there only by constant direction

and supervision which should be life long. It must be borne in mind that weak-will, feeble-intellect, and poverty of tissue and fibre, mental and physical, have combined to render them cripples for life and never can they stand alone. And I would say just here that when each and all of those engaged in the work of charities, are able to convince parents and guardians of this fact, and that withdrawal means the inevitable undoing of all that has been achieved for the child, together with almost certain reproduction of his defect—a double misfortune—they will have influenced a much needed consensus as to the necessity of the permanent sequestration of defectives and in so doing will have signal-ly aided the work in both the dependent and delinquent classes.

In reviewing this outline of training and its confirmation and results as found in any large training school for defectives, it will be seen that occupations are provided for grades of capacity in such manner as to stimulate and keep alive the awakened interest. All are busy, each contributing some service to the life and well-being of the whole. Thus the hewers of wood and drawers of water, the laborer in field or garden, the aids in the care of the helpless in nursery or in the simplest or most menial offices in kitchen or asylum, has each gone to his own place after testing and preparation in the school; as have the workers in laundry, bakery, dining-room and dormitories, or apprentices in shoe-making, carpentry, tailoring, sewing and printing, drawn chiefly from the middle and high grades. Training has for its object the testing and proving of a diagnosis which rarely errs and, while exercising the mental and physical powers so as to achieve all possible development, to assign each to his own group and there train for that avocation for which the child exhibits a certain proclivity. To this end are arranged schools as distinct in aim and working methods, as is the capacity or ability of the pupils for whom they are designed.

For the very young children, Froebel's theory and practice has been so modified as to be adapted in three

kindergartens, to the capacity of those of low, middle and high-grade. From these they pass to their respective grades in the school for which these kindergartens have prepared them.

The pupils of the low-grade school are those found incapable of comprehending abstract signs and who can therefore never learn to read and write. Their power of grasp goes no further than the clutch of a broom, a rake or hoe; yet some learn readily to knit, to sew and wind carpet strips; others are successful as weavers of mats, of nets and of baskets, and even of carpets and tapestry, where the looms are once set up for them. In addition to this, these children have daily practice in some industry about the house and grounds, giving needed physical exercise and development as well as initiation into what may prove a life service.

Children of middle-grade show an intellectual advance beyond these, in ability to recognize and to form letters and figures and, although they glean but little from books—rarely advancing beyond the second or third reader—and that not always intelligently, yet the specific gain for them is in the discipline of class exercise, concentration of attention, daily practice in independent working, and neatness and accuracy in transcribing. In this latter, the making, lining and decorating of their books forms no unimportant part, as does also the free-hand black-board exercises, the drawing in black and white and in colored crayons, the modelling in clay, the constructive work in card-board and the sewing and knitting. Indeed, the distinctive difference between the two grades of low and middle is this of the muscular sense as evidenced in the clasp of pen and pencil, or grasp of tool, so that a typical child of middle-grade may be counted upon to develop into a fairly good artisan.

Children of high-grade show an intelligence approximating normal, varying in degree from a slight advance upon middle-grade to that of merely backward children. Capable of receiving and assimilating, of rehearsing and of reproduc-

ing a narration, even of pursuing to a limited extent a sequence of logical thought and deduction, many of these pupils advance as far as the ordinary intermediate or grammar school grade, while acquiring at the same time a certain degree of skill in hand crafts, fitting them to enter intelligently upon a trade apprenticeship; and from this class are drawn as we have seen quite capable tailors, shoemakers, seamstresses, carpenters, printers and typewriters. Drawing and modelling in clay, card-board and wood, physical and military exercises; and daily practice in music—both vocal and orchestral—are important adjuncts to training in these higher-grades; and band, orchestra and chorus have each their place, as have athletic sports their season, in contributing to the happiness and well-being of all. That many of this type approach normal, proves often their great misfortune, for out in the world there is more expected of them than they are able to give and over stimulation and over pressure leads to mental deterioration. Even if successful in gaining a position, some eccentricity or else inability to follow business habits, or to sustain any prolonged responsibility, forces them soon to yield and, disheartened, they drop out of the race to join either the dependent or the criminal ranks.

Experience of this proves the great importance of special methods in the training of merely backward children to enable them to take and hold their place in the world; those whose mental processes are normal but with whom at that critical period mental deterioration is always to be feared. Witness the frequent breakdown of children under the stress of examinations and the nervous collapse of young men and women on the eve of success at college.

It has been estimated that an institution colony with a fair acreage and a population of from one thousand to twelve hundred, could, in groups of twenty-five or thirty, under skilled supervisors, train and furnish all its own laborers and mechanics and also supply aids to asylums, thus reducing largely the cost of maintenance. This, however, could be accomplished only under that protection which

the legalized sequestration of defectives alone could give. Under present conditions, hardly have pupils entered upon that apprenticeship for which the school has prepared them, when they are withdrawn, and their places too often filled by either helpless idiots, or by imbeciles both mentally and morally defective, whose training, except in close custody, is equally impossible.

Now, the idiot, of whatever age, is in a state of perpetual infancy. Devoid of the power of speech, often of locomotion, incapable of self help, many can neither feed nor dress themselves.

The incongruity—one might say the absurdity—of applying for admission of such into a training school is self-evident. Yet people will do it, and, after bringing every influence to force in a case, become very indignant at finding their children in asylums and not in training. We can do much in the way of developing brains, but we can not do the impossible, nor manufacture brains to order; nor are we surprised that the parents of bright, trainable pupils object, for their children, to such association even in name. An asylum for the hopelessly, helpless class is little more than a well ordered nursery for sick children, under a capable house-mother with efficient nurses; the trained idio-imbecile and those of low and middle-grade making excellent aids to these, more dependable, in fact, than normal labor, because more willing, and content to remain in an atmosphere of constant seclusion.

The admission of moral-imbeciles is even more incompatible with the true interests of the work. Children of this class—a criminal type with moral instincts altogether absent, or so absolutely perverted, that they always choose the bad rather than the good—prove a veritable fire brand among innocent children of weak wills, susceptible to suggestion and easily led or dominated by another, especially if that other be possessed of a pleasing personality; and one such case may often demoralize a whole group.

Found associated with all grades of mental defect, this moral obliquity varies from bestial brutishness in the lower-

grades, to the skilled cunning and clever adaptations of the merely backward defective, who is but one removed from his brother, the recognized and responsible criminal.

Trainable these are, and innocent in the eye of the law they should be regarded, because being defective—morally and mentally askew—they are irresponsible; but both their own safe-guarding and that of society demands, that for them should be provided a LIFE TRAINING SCHOOL, where every advantage and amelioration in the way of comforts of living, amusement and training, might compensate for the loss of that liberty which would be fatal to themselves and to others.

Summarizing, therefore, we find the training of mental defectives has resolved itself in the experience of years, and in the development of new phases of defect, into two broad divisions. One for the ordinary imbecile of defective mentality and will-power in community life—the other for the irresponsible, mentally and morally defective in custodial life. In each, provision should be made for three distinct and permanent grades of mentality, with complete sex separation.

Development through the hand should be the underlying principle of each and all. Training should lead directly to some avenue of employment early entered upon, as constant occupation is for them the only security from deterioration. This is best accomplished by separation and segregation. Moreover legalized sequestration and sexualization are equally necessary to assure permanency to the work, happiness to the individual, and safety to society.

PSYCHOENCEPHALONASTHENIA OR CEREBRASTHENIA SIMPLEX, AND PSYCHOENCEPHALONASTHENIA OR CEREBRASTHENIA INSANIENS.*

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HEMOPHOBIA under certain conditions or circumstances is a condition peculiar to some healthy but highly nerve tensioned persons, but it comes to neurotics under neuratonic mental stress who never held a special fear of blood before. It is the opposite of hemophilia in its literal, not professionally accepted, sense (hemophilia αἷμα, blood and φιλεῖν, to love.) This derivation would literally mean to love blood, a lover of blood. The tiger loves blood, whereas the hemophiliac is one who bleeds unusually freely and continuously from slighter than usual cause and may have a fear of blood at the same time. He may also be a hemophobiac.

There are hemophobiac neurasthenic hemophiliacs (bleeders or sanguinors, if I may offer the term, in lieu of hemophiliacs) and non-neurasthenic bleeders, who look upon their propensity to bleed more easily and copiously than others, as "a matter of course," as a natural condition. They have neither fear nor love of blood especially. Their peculiar diathesis seems quite natural to them. It excites only a natural alarm when they find their bleeding does not soon stop spontaneously as similar bleedings of others do, as from the cavity of an extracted tooth, the pricking of a pin, etc., or by the use of the simple and usual

*An elaboration of paper prepared for XV Int. Med. Cong. at Lisbon, which the author unavoidably failed to attend.

†Continued from *Alienist and Neurologist*, Volume 27, No. 2.

hemostatics successful in others but ineffectual in their cases. Their anxiety and fear is natural and not morbid, though the diathesis is morbid. But the term hemophilia in this sense is a misnomer except for only the morbid minded (if there be any such) who would take delight in seeing their own blood flow. A small child bleeder under such circumstances, ignorant of possible consequences, might be a true hemophiliac and enjoy seeing his own blood run till experience taught him its peril, through sequent fainting, etc.

Certain morbid erotic hemophiliac sadists enjoy seeing blood flow in others and there is a form of fanatical hemophilia displayed in the Persian bloody miracle play, *Muharran*, where flagellants and bleeding performers commemorate the tragic deaths of Hasan and Husain and "pass under an arch of triumph symbolizing the door of paradise," treasuring the bloody clothing of those who slay themselves as holy relics, is a form of semi-maniacal frenzy which may possess an element of cerebrasthenic excitability in many of the votaries of this morbid religious rite.

A medical friend and surgical teacher and operator of ability, judgment and renown, who in his early life as a student, fainted at the sight of a stream of blood, conquered this aversion, but later in life succumbed to psychic neurasthenia and under one of its obsessions took his life by cutting his throat, before his mirror, in Paris.

Suicide is not an infrequent sequence of cerebro-psychasthenia even when pronounced melancholia has not set in. The psychalgia of certain extreme states of cerebro-neuronasthenia is often so severe to the victim and his symptoms so apparently hopeless to him and his impulses so strong that when self-destruction is suggested to him, *felo de se* is sought and accomplished when the physician sees no symptoms or hears no threats that would lead to the suspicion of the intention to self-destruction.

The morbid emotions that flit through or abide in the mind as fixed morbid ideas, the obsessions described by Regis and others take possession of the once unwilling mind and

lead it on or drive it on to destruction. The many suicides that follow alcoholic psychoneuronasthenia and the sequent remorse of a prolonged spree or other pre-existing cause of great brain exhaustion often precipitates sudden self-destruction.

The athetotic drawing sensations in the limbs that come to some of these cases, preceding final lateral sclerosis in others, and the hot burnings which they think cannot be removed, lead one of my patients to suicide. She never mentioned her intentions and gave no suggestion of her purpose save the not uncommon expression occasionally made by her that she would rather be dead than suffer so, and in a moment when the anodyne medication external and internal was not potent upon her, she did the rash deed. Sudden phonophobias become evidences of neurasthenia when sounds are inordinately feared, when to ordinary persons they are not dreaded, and to hear thunder or see lightning or clouds in a cloudless sky and feel electricity in non-charged atmosphere, is the delusional perception, conception and fear, ordinarily, of the unbalanced neurasthenic mind.

The flash fear or phobia which becomes an abiding conviction of danger from lightning stroke, explosion of powder, dynamite or lydite or volcanic, electrical, gas, gasoline, steam or other explosion, is delusive obsession near to the recognized delusions of insanity. The mind of such a cerebrasthenic has reached and is about to pass over the borderland boundary which divides sanity from insanity. The flash and explosion phobias of neurasthenia should be cautiously considered, especially such as seem to have their origin in sight and sound impression within the visual and auditory areas of the brain. They may be hallucinations about to pass to visual and auditory delusions that will dominate the mind and develop insanity. They may be the forerunners and foundations of the "invisibles and the voices" which are later to torment and dominate the mind in confirmed delusional mental disease.

It must be always understood in estimating the diag-

nostic and prognostic value of the fears of the neurasthenic that to signify neurasthenia they must be fears either not natural to the individual or natural fears intensely exaggerated for them to presage or establish the existence of neurasthenic, or rather of neurasthenically acquired insanity. They should be so intense as to exaggerate, delude and change the mental character so as to make it markedly out of harmony and in clear contrast with the natural self so that the psychic response and reaction of the individual to his environment is abnormal and markedly not natural to him in his normal mental state.

For instance, acrophobia in itself unqualified signifies nothing germane to our theme, but in a professional, a sailor, for example, or a steeple or telegraph pole, flagstaff or chimney climber, it would signify much. People who precipitate themselves from our great bridges across the Mississippi or Hudson or from London bridge or from Eiffel tower or other heights are not all premeditated suicides, but obsessed acroaesthetic neurasthenics. So with what we might call morephobia or fear as to deportment in society of timid, isolatedly living country youths and maidens and with children unaccustomed to society or scopophobia, a fear of seeing people or being seen, especially of strange faces. But for unusual androphobia, homophobia, anthropobia or gynophobia to appear, with unusual mental timidity, would signify a psychoneuro-morbid condition. The opposite state of agrophobia, or fear of being alone in a great field or solitude, would to such persons be more significant scophophobia.

The fear of pain, algophobia, which I have also called phobodynia, soon appears in former self pain inflicting Indians, after civilizing conditions and after depressing vices and it develops in the extremely nervous, who, previously had no extraordinary hyperalgesic phobia, with symptomatic significance in a diagnosis of neurasthenia. It may here be noted as indicative of that change of character that often symbolizes mental aberrational impulse, that the surgeon heretofore mentioned as having overcome his early life

hemophobia, took his life by cutting his jugular vein and carotid.

Thanatophobia, natural under certain normal death fear exciting circumstances, is only significant of neurasthenia when the fear is without reasonable warrant in facts, teaching, threats or enviroing circumstances. The newer telephone, street car and telegram phobias and the fear of coming to want, (poverty-phobia) in overbrain worked men of affairs and financially successful in business are signs of approaching insanity. Likewise the abulias, the imperative conceptions, impulsions and persistency of ideas which go to make up the so-called obsessions or cerebrasthenic impulsions of cerebropsychic neurasthenia.

The term obsession in its original ecclesiastical sense is a "demoniacal possession, a besetment by evil spirits," is exceedingly objectionable because inapplicable to what is signified by it in psychoneurology and one is surprised that this definition is given without further qualification or explanatory adaption of the term to the uses of psychopathology, in so good and generally comprehensive and erudite a medical lexicon as that of Dorland, which for its size is extraordinarily complete in words and definitions.

The obsessed individual, psychoneurologically speaking, is besieged, as its name implies, by an uncongenial, unwelcome impulse, idea, or impression which the weakened will of the psycho-cerebrasthenic cannot evade or eradicate from continual or recurring presence in the mind.

Neurasthenic obsession is not based essentially upon impotence of the will but on impairment thereof. The recurring impulsions to swear, to steal, to vulgarity, to improper venery, to drown, to jump from precipices, to inebriety, not usual to the individual; pyrophilia, the incendiary impulse to burn, the unreasonable gambling and travel impulsions, recurring suggestions and resisted impulsions to suicide and homicide and the buying propensity for unneeded articles, the stealing and the lying diseases of Dr. Benjamin Rush, described by him in his lectures in the

first decade of the nineteenth century, as well as inomania, or the drink impulse dipsomania.

Duane's definition is better though defective in its qualification, viz.:

"Demoniacal possession, hence possession by an irresistible impulse imperatively compelling one to perform a meaningless or irrational act."

Now the obsessions of the psychoneurasthenic are not always either irresistible impulsions to meaningless or irrational acts. They are oft recurring or abiding besetments or impulsions to improper acts which may or may not be irrational, and which the mind of the neurasthenic does not approve and which it resists and tries to dismiss till the will becomes too weak to dismiss the impulsion from the mind, and finally too feeble to resist, if neurasthenic insanity supplants and supersedes the simpler form of psycho-neurasthenia.

The various so-called and misnamed phaneromanias which are persistent impulsions to do certain needless and not very nice or proper things, such as constant nail-biting, plucking at the hair or beard, picking at places about the face or scalp, picking the teeth, picking a growth on face, head or hands, looking repeatedly and without rational, but with only an indefinable impulsive purpose at one's watch, rubbing the nose or the ear, constantly fumbling at one's watch fob or buttonhole and other purposes are impulsive repetitions, often automatic and unconscious. These and other minor forms of so-called obsessions, improperly so-called, for they are often mere subliminal or absent-minded movements, voluntary at first, but later involuntary habits, sometimes indicate psychic neurasthenia, and if persisted in to an extreme degree to real insanity, a degree of persistence that requires camisole treatment is to prevent extensive harm and disfiguration. I have seen a neurasthenic lunatic persist in picking his face till it became a hideous sore.

These impulsions may be neither meaningless nor irrational, but simply automatic, though they are often both.

improper, vulgar, immoral, vicious and other unapproved impulses beset the yet normal but neurasthenic mind. They beset and overthrow the neurasthenic who has become insane. These and unrest besetments constitute symptoms of insanity when the inhibitions of the higher psychic centers do not regulate the speech or conduct in harmony with the natural healthy mental character. Obsession or besetment becomes insanity when it dominates the individual's life. He is then no longer his natural self. He is insane through obsessions which have deluded him and deranged his mind. The phaneromaniacs then take their place beside the phantasmascopiaks when they dominate the mind, in diagnostic value. But these not approved and believed in to such extent as to subvert the will and alter character are only evidences of psychic but not of insane psychic implication.

Besetment or obsession may also thus compel one to do nothing, think nothing, say nothing, as in certain silent melancholia, dementia praecox (improperly so-called), etc., and sometimes in maturer functional dementia when in his healthier mental state the patient should be doing, saying and thinking something and would, but for the extreme exhaustion of his brain and dependent and associate mental powers.

Famine fear or want fear (famephobia), or fear of destitution or the coming to want of self and family sometimes passes into phagophobia or fear to eat and refusal of food lest the apprehended starvation should come to loved ones of the phobiak's family. Some of the forcible stomach tube feeding cases in asylums embrace this class of neurasthenics, though the insane refuse food for other delusional motives (toxiphobia.) One of my patients held to the delusion for ninety days that he had no stomach, though gastrectomy had never been performed upon him. He recovered after persistent daily forceful feeding. One square meal of several pints of cream and milk with eggs, sugar and a little whiskey every day. Five or six men were engaged daily in this feeding operation.

The fears of psychoneurasthenia which are destined to become symptoms of insanity or psychopatho-neurasthenia of grave insane form, increase in intensity from simple questioning apprehension or fears, to more dominating dread, terror, horror, fright and marked delusional suspicion and conviction. Possibilities of fear pass on to deluded certainties. The touch fears and indecisions, the mysophobias, the toxiphobias, the trepidation, the abulias, etc., become the mania contaminationes, the *folies du toucher*, the *delires et folie du doute*, the *aboulomanies*, etc. Neurasthenia in the psychopathically predisposed and the profoundly brain broken thus may also become mania, with violent delusions, but this is rare. Milder delusions and a functional form of dementia, especially in the aged neurasthenic, is more likely to follow and end the course of the case.

The fear of being about to lose or of having lost some quality or function of the body or mind, as of the fear of the loss of brain or sexual power, growing out of the debility of neurasthenia and from psychic suggestion of alarming newspaper quack medical reading or books on lost manhood and the evils of manustrupatio, like the fear of losing or having lost property or friends, may pass in the insanely predisposed, to deeper delusional convictions. One of my psycho-sexual neurasthenic hospital patients who had passed into the fixed delusional type, gouged out his eyes because they offended by causing him to lust after a prepossessing lady. Another masturbating sexual neurasthenic strangulated his genitals with his suspenders. Both were religiously inclined and quoted from the text, "If thine eye offend thee pluck it out, for it is better to enter into life eternal maimed," etc. Both began with sexual neurasthenia, passed to obsession of self-mutilation, thence to settled delusional conviction that they had each done a worthy atoning deed, felt satisfied with themselves and their fate and lived complacently in their self-satisfied delusion till terminal dementia ended their unremorseful careers.

These patients both died before Golgi had promulgated his remarkable methods and researches on the fine anatomy

of the central nervous system, to be followed by the discoveries of Waldeyer and the revelations of the great Cajal and their colleagues, collaborators and followers in cerebral physiology, and the coarse inspection of their brains showed nothing which might in the present or a coming day be deemed significant in connection with their special mental aberrations. In fact pure neurasthenic insanity seldom shows more than arteriole anaemia and not always that, and marked general anaemia is often absent both under the microscopic and chemical revelation in these cases.

Alaliaphobia, which we might define to be a fear of speaking and uttering improper words as the coprolalically obsessed, who are prompted to utter filthy words not natural to their normal mental states, the profanely and otherwise vulgarly impulsed who cannot restrain themselves, or restrain themselves with difficulty, from the use of expressions which in their normal mental states they would not utter or be prompted from within to utter. These also might be called mysolalics, having impulses, though desiring to shun them, to filthy expressions. These and other similar states based upon atonic vaso-motor center states, changed blood pressure and abnormal sanguine impress on the psychic neurones connected with the speech center areas, are as common as hepatic and portal circulation, intestinal torpidity and defective heart innervation, in neurasthenia and are forerunners of insanity, exophthalmic goitre and other defective innervation diseases, as I might clearly establish from the records of my own clinical observation, as well as the testimony of others, did time and space permit the infliction of further clinical detail upon your already overtaxed attention.

MIXOSCOPIC ADOLESCENT SURVIVALS IN ART, LITERATURE AND PSEUDO-ETHICS.*

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AN antithesis of mixoscopia evinces itself, as I pointed out over a decade and a half ago,† in marriages with harlots, not from a desire to secure absolute possession, but from a wish that the relationship be sanctified. This sentiment appears in George II's seemingly ironic reply to his dying wife. George, who adored his wife, was obliged by German regal and archducal conventions to keep mistresses. On her death-bed, his queen urged him to marry again, whereupon he made that most pathetically quaint response: "*Non, non j'aurai des maitresses.*" A similarly quaint ideal of fidelity appears in a case reported by Dr. Blanc.‡ As health officer, he was examining a woman of the town. After passing the speculum, he could see nothing of the uterus, albeit the woman had had two children. Noticing his perplexity, the lively young French creole said with the utmost nonchalance: "You won't find what

* Continued from the ALIENIST AND NEUROLOGIST, May, 1906.

† ALIENIST AND NEUROLOGIST, April, 1891.

‡ New Orleans Med. Journal, May, 1891.

you are looking for down there, sir. I have two passages with one entrance, and you have taken the wrong turning, permit me." A little maneuvering and the os came into view. There was a double vagina with a thin lax membranous septum with which she could deftly shunt the speculum into cul-de-sac or on the uterus at will. The moral advantages of this arrangement she thus disclosed: "You must know there is a young fellow who adores me; for him I reserve the true passage. Do you think I would allow any one else to enter there? No, I respect myself too much. But the other is at the service of my friends; there they may innocently divert themselves as much as they please."

The absence of a mixoscopic aspect likewise appears in relationship with cloacal women. The far from infrequent arrested development of the fetus at the cloacal period may be combined with comparatively normal conditions otherwise. The fact that such women are frequently married, have offspring and that divorce, for cloacal reasons is practically unknown to the courts, indicates that passion as pointed out by Havelock Ellis, makes everything sweet. This is further illustrated in the case I reported eighteen years ago,* where a young Bohemian girl who died from mania-like erethism, was found to have a dilated sphincterani, but a virginal hymen and vagina. Her lover who came under care later, stated she was very lascivious but fearing pregnancy, permitted coitus by the rectum only. In consequence the lover had become impotent except by paedicatio. In a case reported by M. A. Colmant†, the wife had a shallow vagina and vaginismus so that coitus occurred through the rectum only and marital incompatibility did not result. The strength of that prejudice which the older theologians did so much to engender based on the connection of the urinary and alvine functions with the anatomic sexual focus, does not always resist the purifying influence of passion. "*Inter faeces et urinam nascimur,*"

* *Medical Standard*, Nov., 1888.

† *Medical Standard*, 1895.

as Havelock Ellis* remarks, "is an ancient text which has served the ascetic preachers of old for many discourses on the littleness of man and the meanness of that reproductive power which plays so large a part in man's life. 'The stupid bungle of Nature, whereby the generative organs serve as a means of relieving the bladder, is doubtless responsible for much of the disgust which those organs excite in some minds.'"

The trend of evolution, as shown in the disappearance of the cloaca has been in the direction of separating the functions. "From the standpoint of ascetic contemplation eager to belittle humanity, the excretory centres may cast dishonor upon the genital centre which they conjoin. From the more ecstatic standpoint of the impassioned lover, eager to magnify the charms of the woman he worships, it is not impossible for the excretory centres to take some charm from the irradiating centre of sex which they enclose. Even normally such a process is traceable. The normal lover may not idealize the excretory functions of his mistress. The fact that he finds no repulsion in the most intimate contacts and feels no disgust at the proximity of the excretory orifices or the existence of their function indicates that the idealization of love has exerted at all events a neutralizing influence." "The presence of an acute sensibility to the disturbing influence of this proximity of the excretory orifices and their functions must," in Havelock Ellis' opinion, "be considered abnormal;" Swift's 'Strephon and Chloe'—with the conviction underlying it that it is an easy matter for the excretory function to drown the possibilities of love—could only have proceeded from a morbidly sensitive brain."†

This position of Ellis ignores the fact that among criminals, plutocrats, morally unstable business men and urban and rural bourgeois, conception of sex is skatalogic rather than lascivious and that enjoyment is found in characterization of sexual matters by skatalogic terms, which

* *Psychology of Sex: Erotic Symbolism.*

† *Havelock Ellis, Erotic Symbolism.*

is the condition I have endeavored to illustrate as mixoscopia. "Sex," as Laurent remarks, "is not for them—a sacred and mysterious thing, a mystic rose hidden beneath the obscure vault of the belly, like a strange and precious talisman enclosed in a tabernacle. For them it is a thing of ugliness which they drag into the light of day and laugh."

A more than mere neutralizing influence, a positively idealizing influence of the sexual focus on the excretory processes adjoining it, may take place in the lover's mind without the normal variations of sexual attractions being over-passed, and even without the creation of an excretory fetichism. Reflections of this attitude may be found in the poets. In the "Songs of Songs" the lover of his mistress, "Thy navel is like a round goblet, wherein no mingled wine is wanting." In his lyric, "To Diana," Herrick says with clear reference to the *mons veneris*, "Show me that hill where smiling love doth sleep, having a living fountain under it." "In the very numerous poems in various languages which have more or less obscurely dealt with the rose as the emblem of the feminine pudenda there are occasional references to the stream which guards or presides over the rose. It may, indeed, be recalled that even in the name *nymphae*, anatomists commonly apply to the *labia minora*, there appears a poetic allusion to the nymphs who presided over streams, since the *labia minora* exert an influence on the direction of the urinary stream."

Goethe,* on the basis of personal experiences, describes his hero's emotions in the humble surroundings of Marianne's little room as compared with the stateliness and order of his own home. "It seemed to him when he had her to remove her stays in order to reach the harpsichord, there to lay her skirt on the bed before he could seat himself, when she herself with embarrassed frankness would make no attempt to conceal from him many natural acts which people are accustomed to hide from others out of decency—it seemed to him, I say, that he became bound to her by invisible bands."

* Wilhelm Meister.

When Wordsworth*, reading Wilhelm Meister, came to the scene where the hero, in his mistress' bedroom, becomes sentimental over her dirty towels, etc., it struck him with such disgust that he flung the book out of his hand, would never look at it again, and declared that surely no English lady would ever read such a work. Havelock Ellis, however, has heard a woman of high intellectual distinction refer to the peculiar truth and beauty of this very passage.

Wordsworth, however, had as Nisbet remarks,† a neuro-pathic taint. His sister decidedly displayed this taint as witness De Quincey's description of Dorothy Wordsworth. "Her eyes were not soft, nor were they fierce or bold; but they were wild and startling, and hurried in their motion. Her manner was warm and even ardent, her sensibility seemed constitutionally deep, and some subtle fire of impassioned intellect apparently burned within her, which, being alternately pushed forward into a conspicuous expression by the irresponsible instincts of her temperament, and then immediately checked in obedience to the decorum of her sex and age and her maidenly condition, gave to her whole demeanor and to her conversation an air of embarrassment, and even of self-conflict, that was almost distressing to witness. Even her very utterance and enunciation often suffered as to point of clearness and steadiness from the agitation of her excessive organic sensibility. At times the self-counteraction and self-baffling of her feelings caused her even to stammer and so determinedly to stammer that a stranger who should have seen her and quitted her in that state of feeling would certainly have set her down as plagued with that infirmity of speech as distressingly as Charles Lamb himself. Miss Wordsworth was too ardent and fiery to maintain the reserve essential to dignity—in short, she was 'the creature of impulse' with a self-consuming fire of thought."

Dorothy Wordsworth's poetic nature found expression

* Findlay's *Recollections of De Quincey*, p. 36.

† *Insanity of Genius*.

in her diary and in verse of a high order of merit. She was accustomed to walk twenty or thirty miles a day. At fifty, a severe illness prostrated her from which she never recovered. Three years later an attack of what was called brain fever, but which seems to have been typho-mania, left her at fifty-six a confirmed invalid. Her mental state passed rapidly into dementia which continued until her death at eighty-six. During her mental disorder several poetical pieces were composed.* Wordsworth in his relations to his poetry, displayed, however, the soundness of association rather than the so-called morbid inspiration of genius. He had to grind out slowly his grandest poetry. In this he displayed the characteristics which I have elsewhere pointed out† in Tennyson and Oliver Goldsmith. Wordsworth, as Nisbet remarks, delighted in the exercise of:

—that inward eye
Which is a bliss of solitude.

The woods, the fields, the seasons, and aspects of simple rural life, alone move the poetic spirit of Wordsworth to expression. The most exciting dramatic public events scarcely interested him. He visited France during the great Revolution, and saw the first guillotine. To this subject there is allusion in his letters, but none in his verse, although he wrote sonnets on the Loire sunsets. Wordsworth, if Carlyle be reliable,‡ was excessively vain: "One evening I got him upon the subject of great poets which I thought might be equally admirable to us both, but was rather mistaken, as I gradually found. Pope's partial failure I was prepared for; less for narrowish limits visible in Milton and others. I tried him with Burns, of whom he had a singularly tender recognition, but Burns also turned out to be a limited, inferior creature; even Shakespeare himself had his blind sides, his limitations. Gradually it became apparent to me that of transcendent and unlimited genius, there was to this critic but one specimen

* Edmund Lee: Dorothy Wordsworth.

† ALIENIST AND NEUROLOGIST, 1891.

‡ Reminiscences.

known—Wordsworth himself. He by no means said so or hinted so in words, but his pride in himself was so quiet, so fixed, so unappealing—like a dun, old lichened crag on the wayside. There was in Wordsworth a masochistic trend which it would seem should have been attracted rather than repelled by the picture in *Wilhelm Meister*. The much quoted (in a maimed form) passage from “*She Was a Phantom of Delight*,” illustrates this:

A creature not too bright or good
For human nature's daily food;
For transient sorrows, simple wiles,
Praise, blame, love, kisses, tears and smiles.
The reason firm, the temperate will,
Endurance, foresight, strength and skill;
A perfect woman nobly planned
To warn, to comfort and command.

Henri de Regnier* in one of his latest novels deals with this question. A personage of the story is sitting for a moment in a dark grotto during a night fete in a nobleman's park, when two ladies enter and laughingly proceed to raise their garments and accomplish a natural necessity. The man in the background, suddenly overcome by a sexual impulse starts forward; one lady runs away, the other, whom he detains, offers little resistance to his advances. To M. de Bréct whom he shortly after encounters, he exclaims, abashed at his actions: “Why did I not flee, but could I imagine that the spectacle of so disgusting a function would have any other effect than to give me a humble opinion of human nature.” M. de Bréct, proceeding to reproach his interlocutor for inconsiderate temerity, observes: “What you tell me, sir, does not entirely surprise me. Nature has placed various instincts within us, and the impulse that led you to what you have just now done is not so peculiar as you think. One may be a very estimable man and yet love women even in what is lowliest in their body.” In harmony with this opinion, are the remarks of a correspondent of Havelock Ellis, who writes that “the function of urination appeals sexually to most normal individuals. Women themselves instinctively feel it. The secrecy surrounding the matter lends a sexual interest.”

* *Les Rencontres de M. Bréct*

That skatalogic processes exert an attraction in normal love has been emphasized by Bloch:* The man whose intellect and esthetic sense has been 'clouded by the sexual impulse' sees these things in a totally different light from him who has not been overcome by love's intoxication. For him they are idealized, since they are part of the beloved person and in consequence associated with love." Bloch quotes the authoress of "Memoirs of a Wet Nurse" (which is probably autobiographic) to the same effect: "A man who falls in love with a girl is not dragged out of the poetic sphere by the thought that his beloved must relieve certain natural necessities every day. It seems indeed to him to be just the opposite. If one loves a person, one finds nothing obscene or disgusting in the object that pleases one." It is notably in evidence of the close seemingly normal association of skatalogic processes with a sexual impulse that an interest in them arising naturally and spontaneously seems, according to Havelock Ellis, to be one of the most frequent methods by which the sexual impulse first manifests itself in young boys and girls. According to Stanley Hall,† the products of bladder and rectum excretion are often objects of interest, hardly less intense for a time than eating and drinking. Micturitional obscenities common before adolescence culminate at ten or twelve and seem to retreat into the background as sex phenomena appear.‡ In boys as they approach the age of puberty this attraction to the skatalogic when it exists, tends, according to Havelock Ellis,§ to die out, giving place to more normal sexual conceptions or at all events, it takes a subordinate, less serious place in the mind. When the frequently enforced ceremony of knocking wood on a discharge of flatus (a survival of the worship of the god of flatus, Crepitus or Kak||) is remembered, this position seems too strongly put. In many instances, moreover, there survives even after adolescence a tendency to the skatalogic rather than the sexual in

*Psychopathia Sexualis.

† *Amer. Jour. of Psychology*, 1898.

‡ *Adolescence*, vol. I.

§ *Psychology of Sex: Skatalogic Symbolism*.

|| Balzac: *Temptations of St. Anthony*.

stories told on post-prandial occasions by urban and rural middle-class adults. In girls the attraction, according to Havelock Ellis, tends to persist. Edmund de Goncourt refers* to "those innocent and triumphant gaieties which skatalogic stories have the privilege of arousing in women who have still remained children, even the most distinguished women." "The extent to which innocent young women, who would frequently be uninterested or repelled in presence of the sexually obscene, are sometimes attracted by the skatalogically obscene, may seem surprising, although the same phenomenon has been observed in various men of eminent genius. It becomes intelligible if it be realized that symbolism comes here into play. In women the more specifically sexual knowledge and experience of life frequently develops much later than in men and even remains in abeyance. The specifically sexual phenomena cannot therefore easily lend themselves to wit, humor or imagination. But the skatalogic sphere, by the very fact that in women it is an even specially intimate and secret region, always liable to be unexpectedly protruded into consciousness, furnishes an inexhaustible field for situations which have the same character as those furnished by the sexually obscene. It thus happens that the sexually obscene which in man tends to overshadow the skatalogic obscene, in women—partly from an experience and partly also it is probable from their almost physiological modesty—plays a part subordinate to the skatalogic." From a somewhat extended experience with the phase described, in both insane and neurotic women, I should hardly be prepared to accept the position just taken by Havelock Ellis. Where there has been a skatalogic element, it was always

* Cherie.

associated usually with bourgeois coarseness and was not an expression of modesty. Some of the coarsest skatalogic tales of which I have heard have been told by middle-aged middle class rural women, of undoubtedly considerable marital experience, but in whom objection to sexual phenomena was a pose of the type I have denominated mixoscopic.

(To be continued.)

A CASE OF REFLEX EPILEPSY.

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AS etiological factors in epilepsy various authors have mentioned heredity; toxic substances, like arsenic, lead, alcohol; acute infections, especially scarlatina and syphilis; organic diseases of the cerebral cortex; psychic outbursts; heart disease, especially aortic stenosis; and peripheral irritation. The form of epilepsy belonging to the last group has also been called reflex epilepsy. The irritation in this form may be in any part of the body. The irritation may reach the brain from the alimentary canal,—intestinal worms, carious teeth, diseases of the stomach, etc.; from the respiratory organs,—nasal or laryngeal polypi, etc.; from the eye,—errors of refraction, etc.; from the ear,—foreign bodies, otitis media, etc.; from the sexual organs,—masturbation, uterine diseases, etc.; or from any sensory nerve—tumors, scars, adhesions, etc.

It is probable that in the reflex form, the peripheral irritation in some way interferes with or disturbs the circulation of blood through the brain. The paleness of the face at the onset of the convulsions and later the gradual change to a red, purple, or dark blue color points undoubtedly to such a disturbance of the cerebral circulation. There thus seems to be first a spasm of the cerebral arteries causing a profound anemia of the brain, and later a dilation of the cerebral vessels causing a congestion or hyperemia of the brain. That peripheral irritation, whether due to mechanical friction, heat, cold, pain, or electricity, can profoundly modify the circulation in the brain, spinal and visceral organs has been demonstrated by so many investigators as to be no longer questioned. That peripheral irri-

tation through summation of nerve-impulses, may lead to a discharge of nerve-energy in the cells of the brain also seems a well established fact. We shall not here attempt to explain the *modus operandi* of the epileptic convulsions due to such irritation as we have mentioned, as that would require a discussion too extended for this paper.

The patient, (D. C.). He is an American of Irish parents, both of whom are living and enjoying good health. His father drinks moderately, and is of a rather inferior mentality. There is no history of heredity, and the family history is also, in other respects, negative. The patient is the youngest of ten children. He has a common school education, learned easily in school, and has a fair training in music. He is 23 years of age, unmarried, and a common laborer by occupation.

He is naturally pleasant, bright and sociable; but is somewhat selfish and quick-tempered, possibly due to being petted too much while at home. His mind, between the epileptic attacks, is normal with the exception of a slight apathy and irritability. The epileptic convulsions began about six years ago, but their cause is not known. He has both chewed and smoked to excess for some years and has also masturbated for several years; but whether or not these can be considered etiological factors in this case, cannot be determined. The result of the physical examination is as follows:

He is a fairly well built person and shows no emaciation. His height is 5 feet, 4 inches, and his weight 120 pounds. His hair is light brown; his eyes light blue, and his complexion fair though slightly flushed. Muscular development is good, and the muscle tone increased. On the back of the right hand is a scar of a whitish color, smooth, oval in shape, and measuring three-fourths of an inch by two inches. The palate is normal and the longitudinal torus barely visible. The ears are moderately large, without lobes and flushed quite frequently. The hands and feet are slender, pale and cold. The sexual organs are normal. There are no abnormalities nor asymmetries. His head is

fairly well developed, 22 inches in circumference and dolicocephalic. The respiratory organs present no marked peculiarities. The nose is straight with the tip slightly flattened. The chest is a trifle depressed but the lungs normal. The respirations are somewhat shallow and 18 per minute. The circulation seems to be weaker than normal, as is shown by his cold hands and feet. The radial pulse is small, weak and irregular, but there is no evidence of any heart trouble. No evidence could be obtained of arterio-sclerosis or varicose veins. The digestive organs present no peculiarities, except that he has many decayed teeth, salivates excessively at times, and has also pyrosis occasionally. The genito-urinary organs are normal. He urinates from two to three times during the day and once or twice during the night. The special senses show no defects worthy of mention. The pupils react readily to both light and accommodation. The left pupil is, however, a trifle larger than the right one. There are faint tremors in the hands, eye-lids and tongue. The knee jerk is considerably exaggerated; the Romberg symptom, hardly perceptible; and the co-ordination in the hands, good.

After treating this patient with bromides from January 4th, 1905 to January 18th, 1906, without any improvement, it was decided to re-examine the patient for the purpose of determining whether or not any source of peripheral irritation or of auto-intoxication could be discovered. His bowels were generally regular, and only occasionally was there present a sufficient degree of intestinal fermentation to give rise to flatulence. There was, therefore, in all probability, no, or very slight, amount of auto-intoxication present. No other source of peripheral irritation than several decayed teeth and an inflammation of the adjacent gums could be discovered. As he complained of having frequent pains in these decayed teeth, eight of those most injured were extracted on January 18th, 1906. The result was surprising—not a single attack occurred, either during the night or during the day, in the following month. To give a better idea of this marked improvement, I have tried to determine

the frequency of the attacks for several months before and after the removal of the teeth. Since January 4th, 1904, the number of epileptic attacks observed during the night has been as follows: During 1905—Jan., 35; Feb., 38; Nov., 64; Dec., 34. The number of attacks for the months between February and November has been practically the same as for the months given.

During 1906, January 1-18 (up to the time of the extraction of the teeth), 28. Jan., 18-31, 0; Feb., 1; March, 5; April, 1; May, 1; June, 0. Since the time of the extraction of the teeth, the numbers given indicate all the attacks occurring during both day and night. No bromides have been administered since June 1, 1906. To make this contrast still more conspicuous, we will compare the number of the attacks for two and a half months before, and for the same time, after the extraction of the teeth. This gives us the surprising contrast of 126 against six attacks.

In view of the striking results here obtained, it must be concluded that this case of epilepsy was, either wholly or largely, due to the irritation in connection with the teeth. As would be expected, his mental condition has also improved very much since the removal of the source of this peripheral irritation.

EROTIC SYMBOLISM.*

BY HAVELOCK ELLIS, M. D.,

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IT is possible that within this group should come the agent in the following incident which was lately observed by a lady, a friend of my own. An elderly man in an overcoat was seen standing outside a large and well-known draper's shop in the outskirts of London; when able to attract the attention of any of the shop-girls or of any girl in the street, he would fling back his coat and reveal that he was wearing over his own clothes a woman's chemise (or possibly bodice) and a woman's drawers; there was no exposure. The only intelligible explanation of this action would seem to be that pleasure was experienced in the mild shock of interested surprise and injured modesty which this vision was imagined to cause to a young girl. It would thus be a comparatively innocent form of psychic defloration.

It is of interest to point out that the sexual symbolism of active flagellation is very closely analogous to this symbolism of exhibitionism. The flagellant approaches a woman with the rod (itself a symbol of the penis, and in some countries bearing names which are also applied to that organ) and inflicts on an intimate part of her body the signs of blushing and the spasmodic movements which are associated with sexual excitement, while at the same time she feels, or the flagellant imagines that she feels, the corresponding emotions of delicious shame.†

*Continued from *Alienist and Neurologist*, May, 1906.

†The symbolism of coitus involved in flagellation has been touched on by (Eulenberg, *Sexuale Neuropathie*, p. 121) and is more fully developed by Dahren (*Geschlechtsleben in England*, Bd. II, pp. 306 et seq.)

It is an even closer mimicry of the sexual act than the exhibitionist attains, for the latter fails to secure the consent of the woman, nor does he enjoy any intimate contact with her naked body. The difference is connected with the fact that the active flagellant is usually a more virile and normal person than the exhibitionist. In the majority of cases the exhibitionist's sexual impulse is very feeble and, as a rule, he is either to some degree a degenerate or else a person who is suffering from an early stage of general paralysis, dementia or some other highly enfeebling cause of mental disorganization, such as chronic alcoholism. Sexual feebleness is further indicated by the fact that the individuals selected as witnesses are frequently mere children.

It seems probable that a form of erotic symbolism somewhat similar to exhibitionism is to be found in the rare cases in which sexual gratification is derived from throwing ink, acid, or other defiling liquids on women's dresses. Thimot has recorded a case of this kind.* An instructive case has been presented by Moll.† In this case a young man of somewhat neuropathic heredity had as a youth of 16 or 17, when romping with his young sister's playfellows, experienced sexual sensations on chancing to see their white under-linen. From that time white under-linen and white dresses became to him a fetich and he was only attracted to women so attired. One day at the age of 25, when crossing the street in wet weather with a young lady in a light dress, a passing vehicle splashed the dress with mud. This incident caused him strong sexual excitement and from that time he had the impulse to throw ink, perchloride of iron, etc., on to ladies' white dresses, and sometimes to cut and tear them, sexual excitement and ejaculation taking place every time he effected this. Such a case is of considerable psychological interest. Thoinet considers that in these cases the fleck is a fetich. That is an incorrect account of the mat-

**Attentionals aux Moeurs.*

†*Ztschrft. f. Medizinal beamte* Heft. 13, 1900.

ter. In this case the white garments constituted the primary fetich, but that fetich becomes more acutely realized, and at the same time both parties are thrown into an emotional state, which to the fetichist becomes a mimicry of coitus, by the act of defilement. We may perhaps connect with this phenomenon the attraction which muddy shoes often exert over the shoe-fetichist, and the curious way in which Restif de la Bretonne associates his love of neatness in women with his attraction to the feet, the part, he remarks, least easy to keep clean.

Garnier applied the term *sadi-fetichism* to active flagellation and many similar manifestations such as we are here concerned with, on the grounds that they are hybrids which combine the morbid adoration for a definite object with the impulse to exercise a more or less degree of violence. From the standpoint of the conception of erotic symbolism I have adopted, there is no need for this term. There is here no hybrid combination of two unlike mental states. There are simply states of erotic symbolism, more or less complete, more or less complex.

The conception of exhibitionism as a process of erotic symbolism involves a conscious or unconscious attitude of attention in the exhibitionist's mind to the psychic reaction of the woman towards whom his display is directed. He seeks to cause an emotion, which probably in most cases, he desires should be pleasurable. But from one cause or another his finer sensibilities are always inhibited or in abeyance, and he is unable to estimate accurately either the impression he is likely to produce, or the general results of his action, or else he is moved by a strong impulsive obsession which overpowers his judgment. In many cases he has good reason for believing that his act will be pleasurable rather than the reverse, and frequently finds complacent witnesses among low-class servant girls, etc.

It may be pointed out here that the scientist is quite justified in speaking of a penis fetichism, and also of a vulva fetichism. This might be questioned. We are obviously justified in recognizing a fetichism which attaches

itself to the pubic hair, or, as in a case with which I am acquainted, to the clitoris, but it may seem that we cannot regard the central sexual organs as symbols of sex, symbols, as it were, of themselves. But, properly regarded, it is the sexual act rather than the sexual organ which is desired in normal sexual desire; the organ is regarded merely as the means and not as the end. Regarded as a means, the organ is indeed an object of desire, but it only becomes a fetich when it arrests and fixes the attention. An attention thus pleasurably fixed, a vulva fetichism or a penis fetichism, is within the normal range of sexual emotion (this point has been mentioned in the previous volume when discussing the part played by the primary sexual organs in sexual selection) and in coarse-grained natures of either sex it is a normal allurement in its generalized shape, apart from any attraction to the person to whom the organs belong. In some morbid cases, however, this penis fetichism may become a fully developed sexual perversion. A typical case of this kind has been recorded by W. L. Howard* in the United States. Mrs. W., aged 39, was married at 20 to a strong, healthy man, but derived no pleasure from coitus, though she received great pleasure from masturbation, practiced immediately after coitus and nine years after marriage she ceased actual coitus, compelling her husband to adopt mutual masturbation. She would introduce men into the house at all times of the day and night, and after persuading them to expose their persons, would retire to her room to masturbate. This same man never aroused desire more than once. The desire became so violent and persistent that she would seek out men in all sorts of public places, and having induced them to expose themselves, rapidly retreat to the nearest convenient spot for gratification. She once abstracted a pair of trousers she had seen a man wear and, after fondling them, experienced the orgasm. Her husband finally left her, after vainly attempting to have her confined in the asylum. She was often arrested for her actions, but

**Alienist and Neurologist*, 1896.

through the intervention of friends, set free again. She was a highly intelligent woman and, apart from this perversion, entirely normal. It is on the existence of a more or less developed penis fetichism of this kind the exhibitionist, mostly by an ignorant instinct, relies for the effects he desires to produce.

But the exhibitionist usually wishes to produce a stronger effect than a titillated amusement; he seeks to produce a more powerful effect which must be emotional, whether or not it is pleasurable. A professional man in Strassburg (in a case reported by A. Hoche*) would walk about in the evening in a long cloak and when he met ladies, would suddenly throw his cloak back, under a street lamp, or igniting a red-fire match, and thus exhibit his organs. There was an evident effort on the part of a weak, vain and effeminate man, to produce a maximum of emotional effect. The attempt to heighten the emotional shock is also seen in the fact that the exhibitionist frequently chooses a church as the scene of his exploits, not during service, for he always avoids a concourse of people, but perhaps towards evening, when there are only a few kneeling women scattered through the edifice. The church is chosen, often instinctively, rather than deliberately, from no impulse to commit a sacreligious outrage—which, as a rule, the exhibitionist does not feel his act to be—but because it really presents the conditions most favorable to the act and the effects desired. The exhibitionists attitude of mind is well illustrated by one of Garnier's patients, who declared that he never wished to be seen by more than two women at once, "just what is necessary," he added, "for an exchange of impressions." After each exhibition he would ask himself anxiously: "Did they see me? What are they thinking? What do they say to each other about me? Oh! how I would like to know!" Another patient of Garnier's, who haunted churches for this purpose, made this very significant statement: "Why do I like going to church? I can scarcely say. *But I know that it is*

**Neurologische Centralblatt*, 1896. No. 2.

only there that my act has full importance. The woman is in a devout frame of mind, and she must see that such an act in such a place is not a joke in bad taste or a disgusting obscenity, *that if I go there, it is not to amuse myself; it is more serious than that!* I watch the effect produced on the faces of the ladies to whom I show my organs. I wish to see them express a profound joy. I wish in fact that they may be forced to say to themselves: *How impressive Nature is when thus seen!*"

Here we trace the presence of a feeling which recalls the phenomena of the ancient and world-wide Phallic worship, still liable to re-appear sporadically. Women sometimes took part in these rites, and the osculation of the male sexual organ, or its emblematic representation by women is easily traceable in the Phallic rites of India and many other lands, not excluding Europe, even in comparatively recent times. Dalour* brings together much bearing on these points; as also do Ploss, Bartels,† and Bloch.‡ Collin Scott has some interesting remarks on Phallic worship and the part it has played in aiding human evolution. Irving Rosse describes some modern Phallic rites, in which both men and women took part, similar to those practiced in voodooism.§

Putting aside any question of Phallic worship, a certain pride and more or less private feeling of ostentation in the new expansion and development of the organs of virility seems to be almost normal at adolescence. "We have much reason to assume," Stanley Hall remarks,|| "that in a state of nature there is a certain instinctive pride and ostentation that accompanies the new local development. I think it will be found that exhibitionists are usually those who have excessive growth here, and that much that modern society stigmatizes as obscene, is at bottom more or less spontaneous, and perhaps in some cases not abnormal. Dr.

*Divinities Genetratrices Sexuales.

†Das Weib.

‡Psychopath. *Amer. Jour. of Psych.*, Vol. xvii.

§*Virginia Med. Monthly*, Oct. 1892.

||Adolescence, II, 97.

Seerley tells me he has never examined a young man largely developed who had the usual strong instinctive tendency of modesty to cover himself with his hands, but he finds this instinct general with those whose development is less than the average." This instinct of ostentation, however, so far as it is normal, is held in check by other considerations, and is not, in the strict sense, exhibitionism. I have observed a full-grown telegraph boy walking across Hampstead Heath with his sexual organs exposed, but immediately he realized that he was seen, he concealed them. The solemnity of exhibitionism at this age finds expression in the climax of this sonnet, "Oraison du Soir," written at 16, by Rimbaud, whose verse generally is a splendid and insolent manifestation of rank adolescence:

"Doux comme le Seigneur du èdre et des hysopes,
Je pisse vera les cieux bruns très haut et très loins,
Avec l' assentiment des grands heliotropes.*"

In women also there would appear to be traceable a somewhat similar ostentation, though in this it is complicated and largely inhibited by modesty, and at the same time diffused over the body owing to the absence of external sexual organs. "Primitive woman," remarks Madame Renooz, "proud of her womanhood, for a long time defended her nakedness which ancient art has always represented. And in the actual life of the young girl today there is a moment when by a secret atavism she feels the pride of her sex, the intuition of her moral superiority, and cannot understand why she must hide its cause. At this moment, wavering between the laws of Nature and social conventions, she scarcely knows if nakedness should or should not affright her. A sort of confused atavistic memory recalls to her a period before clothing was known, and reveals to her as a paradisiacal idea the customs of that human epoch.†

It may be added that among primitive peoples, and even among some remote European populations today, the

*J. A. Rimbaud, *Oeuvres*, p. 63.

†Psychologie Comparée de l'Homme et de la Femme.

exhibition of feminine nudity has sometimes been regarded as a spectacle with religious or magic operation.* It is stated by Gopcevie† that in the long struggle between the Albanians and the Montenegrins, the women of the former people would stand in the front rank and expose themselves by raising their skirts, believing that they would thus insure victory. As, however, they were shot down and as, moreover, victory usually fell to the Montenegrins, this question became discredited.

With regard to the association suggested by Stanley Hall between exhibitionism and an unusual degree of development of the sexual organs, it must be remarked that both extremes—a very large and a very small penis—are common in exhibitionists. The prevalence of the small organ is due to an association of exhibitionism with sexual feebleness. The prevalence of the large organ may be due to the cause suggested by Hall. Among Mahommedans the sexual organs are sometimes habitually exposed by religious penitents, and I note that Bernard Stern, in his book on the medical and sexual aspects of life in Turkey, referring to a penitent of this sort whom he saw on the Stamboul bridge at Constantinople, remarks that the organ was very largely developed. It may well be in such a case that the penitent's religious attitude is reinforced by some lingering relic of a more fleshly ostentation.

It is by a pseudo-atavism that this phallicism is evoked in the exhibitionist. There is no true emergence of an ancestrally inherited instinct, but by the paralysis or inhibition of the finer and higher feelings current in civilization the exhibitionist is placed on the same mental level as the man of a more primitive age, and he thus presents the basis on which the impulses belonging to a higher culture may naturally take root and develop.

Reference may here be made to a form of primitive exhibitionism, almost confined to women, which although certainly symbolic is absolutely non-sexual, and must not

*Ploss, *Das Weib*; Havelock Ellis, *Man and Woman*.

†Cited by Bloch, *Op. Cit.*

therefore be confused with the phenomena we are here occupied with. I refer to the exhibition of the buttocks as a mark of contempt. In its most primitive form, no doubt, this exhibitionism is a kind of exorcism, a method of putting evil spirits primarily and secondarily evil-disposed persons, to flight. It is the most effective way for a woman to display the sexual centres and its shares in the magical virtues which all unveiling of the sexual centres is believed by primitive people to possess. It is recorded that the women of some peoples in the Balkan peninsula formerly used this gesture against enemies in battle. In the sixteenth century so distinguished a theologian as Luther, when assailed by the Evil One at night, was able to put the adversary to flight by protruding his uncovered buttocks from the bed. But the spiritual significance of this attitude is lost with the decay of primitive beliefs. It survives, but merely as a gesture of insult. The symbolism comes to have reference to the nates as the excretory focus, the seat of the anus, and ignores the possibility of any sexual attractiveness in this part of the body. Exhibitionism of this kind can therefore scarcely arise in persons of any sensitiveness or aesthetic perception, even putting aside the question of modesty, and there seems to be little trace of it in classic antiquity when the nates were regarded as objects of beauty. Among the Egyptians, however, we gather from Herodotus (II, Ch. 60) that at a certain popular religious festival, men and women would go in boats on the Nile singing and playing, and when they approached a town, the women on the boats would insult the women of the town by injurious language and by exposing themselves. Among the Arabs, however, the specific gesture, according to Wellhausen* is noted, and a man to whom vengeance is forbidden, would express his feelings by exposing his posterior and strewing earth on his head. It is in Europe and in mediaeval and later times that this emphatic gesture seems to have flourished as a violent method of expressing contempt. It was by no means con-

*Beate Arabischen Heidentums.

finer to the lower classes, and Kleinpaul,* in discussing this form of "speech without words," quotes examples of various noble persons and princesses who are recorded thus to have expressed their feelings. In more recent times the gesture has become merely a rare and extreme expression of unrestrained feeling in coarse-grained peasants. Zola, in the figure of Mouquette in *Germinal*, may be said to have given a kind of classic expression to the gesture. In the more remote parts of Europe it appears to be still not altogether uncommon. This seems to be notably the case among the South Slavs, and Kraus states that when a "South Slav woman wishes to express her deepest contempt for anyone she bends forward, with the left hand raising her skirts, and with the right slapping her posterior, at the same time exclaiming: 'This for you.'†

A verbal survival of this gesture, consisting in the contemptuous invitation to kiss this region, still exists among us in remote parts of the country, especially as an insult offered by an angry woman who forgets herself. It is said to be common in Wales.‡

In Cornwall, when addressed by a woman to a man, it is sometimes regarded as a deadly insult, even if the woman is young and attractive, and may cause a life-long enmity between related families. From this point of view the nates are a symbol of contempt—any sexual significance is excluded. (The distinction is brought out by Diderot:§ "Lui—Il y a d'autres jours ou il ne m'en coûterait rien pour être vil tant qu'on voudrait; ces jours-là, pour un liard, je baiserais le cul à la petite Hus. *Moi*:—Eh! mais, l'ami, elle est blanche jolie, douce, potelée, et c'est un acte d'humilité auquel un plus délicat que vous pourrait quelquefois s'abaisser. *Lui*:—Entendons-nous; c'est qu'il y a baiser le cul au simple, et baiser le cul au figuré."

It must be added that a sexual form of exhibitionism of the nates must still be recognized. It occurs in masochism and expresses the desire for passive flagellation.

**Sprache ohne Worte*, pp. 271-275.

†*Krupta dia*, vol. vi, p. 200.

‡"Welsh Aedoeology," *Krupta dia*, vol. II, pp. 358 et seq.

§*La Neveu*.

Rousseau,* whose emotional life was profoundly affected by the castigations which as a child he received from Mlle. Lambercier, has told us how, when a youth, he would sometimes expose himself in this way in the presence of young women. Such masochistic exhibitionism seems, however, to be rare.

While the manifestations of exhibitionism are substantially the same in all cases, there are many degrees and varieties of the condition. Among exhibitionists, as Garnier remarks, occur dementia, states of unconsciousness, epilepsy, general paralysis, alcoholism, but the most typical cases he adds, if not indeed the cases to which the term properly belong, are those in which it is an impulsive obsession. Krafft-Ebing† divides exhibitionists into four clinical groups: (1) acquired states of mental weakness with cerebral or spinal disease clouding consciousness and at the same time causing impotence; (2) epileptics in whom the act is an abnormal organic impulse performed in a state of imperfect consciousness; (3) a somewhat allied group of neurasthenic cases; (4) periodical impulsive cases with deep hereditary taint. This classification is not altogether satisfactory. Garnier's classification, placing the group of obsessional cases in the foreground and leaving the other more vaguely defined groups in the background, is probably better. I am inclined to consider that most of the cases fall into one or the other of two mixed groups. The first class includes cases in which there is more or less congenital abnormality, but otherwise a fair or even complete degree of mental integrity; they are usually young adults, they are more or less precisely conscious of the end they wish to attain, and it is often only with a severe struggle that they yield to their impulses. In the second class the beginnings of mental or nervous disease have diminished the sensibility of the higher centres; the subjects are usually old men whose lives have been absolutely correct; they are often only vaguely aware of the nature of the satisfaction they

*Confessions.

†*Op. cit.*, pp. 478 et seq.

are seeking, and frequently no struggle precedes the manifestation; such was the case of the overworked clergyman described by Hughes,* who, after much study became morose and absent-minded, and committed acts of exhibitionism which he could not explain, but made no attempt to deny; with rest and restorative treatment his health improved and the acts ceased. It is in the first class of cases alone that there is developed sexual perversion. In the cases of the second class there is a more or less definite sexual intention, but it is only just conscious and the emergence of the impulse is due not to its strength but to the weakness, temporary or permanent, of the higher inhibiting centres.

Epileptic cases, with loss of consciousness during the act, can only be regarded as presenting a pseudo-exhibitionism. They should be excluded altogether. It is undoubtedly true that many cases of real or apparent exhibitionism occur in epileptics.† We must not, however, too hastily conclude that because these acts occur in epileptics they are necessarily unconscious acts. Epilepsy frequently occurs on a basis of hereditary degeneration, and the exhibitionism may be, and not infrequently is, a stigma of the degeneracy and not an indication of the occurrence of a minor epileptic fit. When the act of pseudo-exhibitionism is truly epileptic, it will usually have no psychic sexual content and it will certainly be liable to occur under all sorts of circumstances, when the patient is alone or in a miscellaneous concourse of people. It will be on a level with the acts of the highly respectable young woman who, at the conclusion of an attack of *petit mal*, consisting chiefly of a sudden desire to pass urine, on one occasion lifted up her clothes and urinated at a public entertainment, so that it was with difficulty her friends pre-

*C. H. Hughes, "Morbid Exhibitionism," *Alienist and Neurologist*, Aug. 1904. Another somewhat similar American case, also preceded by overwork, and eventually adjudged insane by the Courts, is recorded by D. B. Booth, *Alienist and Neurologist*, February, 1905.

†Exhibitionism in epilepsy briefly discussed by Fere, *L'Instinct Sexuel*, 2nd ed., p. 194-195.

vented her from being handed over to the police.* Such an act is automatic, unconscious and involuntary; the spectators are not even perceived; it cannot be an act of exhibitionism. Whenever, on the other hand, the place and the time are evidently chosen deliberately—a quiet spot, the presence of only one or two young women or children—it is difficult to admit that we are in the presence of a fit of epileptic unconsciousness, even when the subject is known to be epileptic.

Even, however, when we exclude those epileptic pseudo-exhibitionists who, from the legal point of view are clearly irresponsible, it must still be remembered that in every case of exhibitionism there is a high degree of either mental abnormality on a neuropathic basis, or else of actual disease. This is true to a greater extent in exhibitionism than in almost any other form of sexual perversion. No subject of exhibitionism should be sent to prison without expert medical examination.

We have now examined several very various, and yet very typical manifestations, in all of which it is not difficult to see how in some strange and eccentric form—on a basis of association through resemblance or contiguity, or both combined—there arises a definite mimicry of the normal sexual act and of the normal emotions which accompany that act. It has become clear in what sense we are justified in recognizing erotic symbolism.

The symbolic, and as it were abstracted nature of these manifestations is shown by the remarkable way in which they are sometimes capable of transference from the object to the subject. That is to say that the fetichist may show a tendency to cultivate his fetich in his own person. A foot fetichist may like to go bare-foot himself; a man who admired lame women liked to halt himself; a man who was attracted by small waists in women found sexual gratification in tight-lacing himself; a man who was fasci-

†W. S. Coleman, "Post-Epileptic Unconscious Automatic Actions," *Lancet*, July 5, 1890.

nated by fine white skin and wished to cut it, found satisfaction in cutting his own skin; Moll's coprolagnic fetichist found a voluptuous pleasure in his own defaecation.*

Such symbolic transference seems to have a profoundly natural basis for we may see a somewhat similar phenomenon in the well-known tendency of cows to mount a cow in heat. This would appear to be, not so much a homosexual impulse, as the dynamic psychic action of an olfactory sexual symbol in a transformed form.

We seem to have here a psychic process which is a curious reverse of that process of *Einfühlung*—the projection of one's own activities into the object contemplated—which T. Lipps† has so fruitfully developed as the essence of every aesthetic condition. By *Einfühlung*, our own interior activity becomes the activity of the object perceived, a thing being beautiful in proportion as it lends itself to our *Einfühlung*. But by this action of erotic symbolism, on the other hand, we transfer the activity of the object into ourselves.

When the idea of erotic symbolism as manifested in such definite and typical forms becomes realized, it further becomes clear that the vaguer manifestations of such symbolism are exceedingly widespread. When in a previous volume we were discussing and drawing together the various threads which unite "Love and Pain," it will now be understood that we were standing throughout on the threshold of erotic symbolism. Pain itself—in the sense in which we slowly learned to define it in this relationship—as a state of intense emotional excitement—may under a great variety of special circumstances become an erotic symbol and afford the same relief as the emotions normally accompanying the sexual act. Active algolagnia or sadism is thus a form of erotic symbolism; passive algolagnia or masochism is (in a man) an inverted form of erotic symbolism. Active flagellation or passive flagellation are, in exactly the same way,

*See e. g., Krafft-Ebing, *Op. cit.*, 221, 224, 226; Hammond, *Sexual Impotence*. p. 74; cf. ante pp.

†Bestheilk.

manifestations of erotic symbolism, the imaginative mimicry of coitus.

Binet and also Krafft-Ebing* have argued in effect that the whole of sexual selection is a matter of fetichism, that is to say of erotic symbolism of object. "Normal love," Binet states, "appears as the result of a complicated fetichism." Tarde also seems to have regarded love as normally a kind of fetichism. "We are a long time before we fall in love with a woman," he remarks, "we must wait to see the detail which strikes and delights us, and causes us to overlook what displeases us. Only in normal love the details are many and always changing. Constancy in love is rarely anything else but a voyage around the beloved person, a voyage of exploration and ever new discoveries. The most faithful lover does not love the same woman in the same way for two days in succession."†

From that point of view normal sexual love is the sway of a fetich—more or less arbitrary, more or less (as Binet terms it) polytheistic—and it can have little objective basis. But, as we saw when considering "Sexual Selection in Man" in the previous volume, more especially when analyzing the notion of beauty, we are justified in believing that beauty has to a large extent an objective basis and that love by no means depends simply on the capricious selection of some individual fetich. The individual factor, as we saw, is but one of many factors which constitute beauty. In the study of sexual selection that individual factor was passed over very lightly. We now see that it is often a factor of great importance, for in it are rooted all these outgrowths—normal in their germs, highly abnormal in their more extreme developments—which make up erotic symbolism.

Erotic symbolism is therefore concerned with all that is least generic, least specific, all that is most intimately personal and individual in sexual selection. It is the final point in which the decreasing circle of sexual attractiveness

*Binet, *Etudes de Psychologie Experimentale*, esp. p. 84; Krafft-Ebing, *Op. cit.* p. 18.

†G. Tarde, "L'Amour Morbide," *Archives de l'Anthropologie Criminelle*, 1890, p. 585.

is fixed; in the widest and most abstract form sexual selection in man is merely human, and we are attracted to that which bears most fully the marks of humanity; in a less abstract form it is sexual, and we are attracted to that which most vigorously presents the secondary sexual characteristics; still narrowing, it is the type of our own nation and people that appeals most strongly to us in matters of love; and still further concentrating we are affected by the ideal—in civilization most often the somewhat erotic ideal—of our own day, the fashion of our own city. But the individual factor still remains, and amid the infinite possibilities of erotic symbolism the individual may evolve an ideal which is often, as far as he knows and perhaps in actuality, an absolutely unique event in the history of the human soul.

Erotic symbolism works in its finer manifestations by means of the idealizing aptitudes; it is the field of sexual psychology in which that faculty of crystallization, on which Stendhal loved to dwell, achieves its most brilliant results. In the solitary passage in which we seem to see a smile on the face of the austere poet of the *De Rerum Natura*, Lucretius tells us how every lover, however he may be amused by the amorous extravagances of other men, is himself blinded by passion: if his mistress is black she is a fascinating brunette, if she squints she is the rival of Pallas, if too tall she is majestic, if too short she is one of the Graces, the *merum sal*, if too lean it is her delicate refinement, if too fat then a Ceres, dirty and she disdains adornment, a chatterer and brilliantly vivacious, silent and it is her exquisite modesty.

Caetera de genere hoc longum est si dicere coner.* Sixteen hundred years later Robert Burton, when describing the symptoms of love, made out a long and appalling list of the physical defects which the lover is prepared to admire.†

Yet we must not be too certain that the lover is wrong

*Lucretius, Lib. IV, vv. 1150-1163.

†Burton, *Anatomy of Melancholy*, Part III, Sect. II, Meme. III, Subs. 1.

in this matter. We too hastily assume that the casual and hasty judgment of the world is necessarily more reliable, more conformed to what we call "truth," than the judgment of the lover, which is founded on absorbed and patient study. In some cases where there is lack of intelligence in the lover and dissimulation in the object of his love, it may be so. But even a poem or a picture will often not reveal its beauty except by the expenditure of time and study. It is foolish to expect that the secret beauty of a human person will reveal itself more easily. The lover is an artist, an artist who constructs an image it is true, but only by patient and concentrated attention to nature; he knows the defects of his image, probably better than anyone, but he knows also that art lies, not in the avoidance of defects, but in the realization of those traits which swallow up defects and so render them non-existent. A great artist, Rodin, after a life spent in the study of Nature, has declared that for art there is no ugliness in Nature. "I have arrived at this belief by the study of Nature," he said "I can only grasp the beauty of the soul by the beauty of the body, but some day one will come who will explain what I only catch a glimpse of and will declare how the whole earth is beautiful, and all human beings beautiful. I have never been able to say this in sculpture so well as I wish and as I feel it affirmed within me. For poets Beauty has always been some particular landscape, some particular woman; but it should be all women, all landscapes. A negro or a Mongol has his beauty, however remote from ours, and it must be the same with their characters. There is no ugliness. When I was young, I made that mistake, as others do; I could not undertake a woman's bust unless I thought her pretty, according to my particular idea of beauty; to-day I should do the bust of any woman, and it would be just as beautiful. And however ugly a woman may look, when she is with her lover she becomes beautiful; there is beauty in her character, in her passions, and beauty exists as soon as character or passion become visible, for the body is a casting on which passions are imprinted.

And even without that, there is always the blood that flows in the veins and the air that fills the lungs.”*

The saint, also, is here at one with the lover and the artist. The man who has so profoundly realised the worth of his fellow men that he is ready even to die in order to save them, feels that he has discovered a great secret. Cyplest† traces the “secret delights” that have thus risen in the hearts of holy men to the same source as the feelings generated between lovers, friends, parents and children. “A few have at intervals walked in the world,” he remarks, “who have, each in his own original way, found out this marvel. . . . Straightway man in general has become to them so sweet a thing that the infatuation has seemed to the rest of their fellows to be a celestial madness. Beggars’ rags to their unhesitating lips grow fit for kissing, because humanity had touched the garb; there were no longer any menial acts, but only welcome services. . . . Remember by how much man is the subtlest circumstance in the world; at how many points he can attach relationships; how manifold and perennial he is in his results. All other things are dull, meagre, tame beside him.

It may be added that even if we still believe that lover and artist and saint are drawing the main elements of their conceptions from the depths of their own consciousness there is a sense in which they are coming nearer to the truth of things than those for whom their conceptions are mere illusions. The aptitude for realising beauty has involved an adjustment of the nerves and the associated brain centres through countless ages that began before man was. When the vision of supreme beauty is slowly or suddenly realised by anyone, with a reverberation that extends throughout his organism, he has attained to something which for his species, and for far more than his species, is truth,

*Judith Cladel, *Auguste Rodin Pris sur la Vie*, 1908, pp. 108-104. Some slight modifications have been made in the translation of this passage on account of the conversational form of the original.

†*The Process of Human Experience*, p. 462. Even if (as we have already seen, *ante p.*) the saint cannot always feel actual physical pleasure in the intimate contact of humanity, the ardour of devoted service which his vision of humanity arouses remains unaffected.

and can only be illusion to one who has artificially placed himself outside the stream of life.

In an essay on "The Gods as Apparitions of the Race-Life," Edward Carpenter, though in somewhat platonic phraseology, thus well states the matter: "The youth sees the girl; it may be a chance face, a chance outline, amid the most banal surroundings. But it gives the cue. There is a memory, a confused reminiscence. The mortal figure without penetrates to the immortal figure within; and there rises into consciousness a shining Form, glorious, not belonging to this world, but vibrating with the age-long life of humanity, and the memory of a thousand love-dreams. The waking of this vision intoxicates the man; it glows and burns within him; a goddess (it may be Venus herself) stands in the sacred place of his Temple; a sense of awe-struck splendour fills him; and the world is changed." "He sees something" (the same writer continues in a subsequent essay, "Beauty and Duty") "which, in a sense, is more real than the figures in the street, for he sees something that has lived and moved for hundreds of years in the heart of the race; something which has been one of the great formative influences of his own life, and which has done as much to create those very figures in the street as qualities in the circulation of the blood may do to form a finger or other limb. He comes into touch with a very real Presence or Power—one of those organic centres of growth in the life of humanity—and feels this larger life within himself, subjective, if you like, and yet intensely objective. And more. For is it not also evident that the woman, the mortal woman who excites the Vision, *has* some closest relation to it, and is indeed far more than a mere work or empty formula which reminds him of it? For she indeed has within her, just as much as the man has, deep subconscious Powers working; and the ideal which has dawned so entrancingly on the man is in all probability closely related to that which has been working most powerfully in the heredity of the woman, and which has most contributed to mould *her* form and outline. No wonder,

then, that her form should remind him of it. Indeed, when he looks into her eyes he sees *through* to a far deeper life even than she herself may be aware of, and yet which is truly hers—a life perennial and wonderful. The more than mortal in him beholds the more than mortal in her; and the gods descend to meet.”*

It is this mighty force which lies behind and beneath the aberrations we have been concerned with, a great reservoir from which they draw the life-blood that vivifies even their most fantastic shapes. Fetichism and the other forms of erotic symbolism are but the development and the isolation of the crystallizations which normally arise on the basis of sexual selection. Normal in their basis, in their extreme forms they present the utmost pathological aberrations of the sexual instinct which can be attained or conceived. In the intermediate space all degrees are possible. In the slightest degree the symbol is merely a specially fascinating and beloved feature in a person who is in all other respects felt to be loveable; as such its recognition is a legitimate part of courtship, an effective aid to tumescence. In a further degree the symbol is the one arresting and attracting character of a person who must, however, still be felt as a sexually attractive individual. In a still further degree of perversion the symbol is effective, even though the person with whom it is associated is altogether unattractive. In the final stage the person and even all association with a person disappear altogether from the field of sexual consciousness; the abstract symbol rules supreme.

Long, however, before the symbol has reached that final climax of morbid intensity we may be said to have passed beyond the sphere of sexual love. A person, not an abstract quality, must be the goal of love. So long as the fetich is subordinated to the person it serves to heighten love. But love must be based on a complexus of attractive qualities, or it has no stability.† As soon as the

*Art of Creation.

†“To love,” as Stendhal defined it (*de l'Amour*, Ch. II,) “is to have pleasure in seeing, touching, and feeling by all the senses, and as near as possible, a beloved object by whom one is oneself loved.”

fetich becomes isolated and omnipotent, so that the person sinks into the background as an unimportant appendage of the fetich, all stability is lost. The fetichist now follows an impersonal and abstract symbol whithersoever it may lead him.

It has been seen that there are an extraordinary number of forms in which erotic symbolism may be felt. It must be remembered, and it cannot be too distinctly emphasized, that the links that bind together the forms of erotic symbolism are not to be found in objects or even in acts but in the underlying emotion. A feeling is the first condition of the symbol, a feeling which recalls, by a subtle and unconscious automatic association of resemblance or of contiguity, some former feeling. It is the similarity of emotion, instinctively apprehended, which links on a symbol only partially sexual, or even apparently not sexual at all, to the great central focus of sexual emotion, the great dominating force which brings the symbol its life-blood.*

The cases of sexual hyperaesthesia quoted at the beginning of this study do but present in a morbidly comprehensive and sensitive form those possibilities of erotic symbolism which in some degree or at some period are latent in most persons. They are genuinely instinctive and automatic and have nothing in common with that fanciful and deliberate play of the intelligence around sexual imagery—not infrequently seen in abnormal and insane persons—which has no significance for sexual psychology.

It is to the extreme individualization involved by the developments of erotic symbolism that the fetichist owes his morbid and perilous isolation. The lover who is influenced by all the elements of sexual selection is always supported by the fellow-feeling of a larger body of other human beings; he has behind him his species, his sex, his nation, or at the very least a fashion. Even the inverted lover in most cases is soon able to create around him an atmosphere constituted by persons whose ideals resemble his own. But it is not so with the erotic symbolist. He

*Pillon's study of "*La Memoire Affective*" (*Revue Philosophique*" Feb. 1901) helps to explain the psychic mechanism of the process.

is nearly always alone. He is predisposed to isolation from the outset for it would seem to be on a basis of excessive shyness and timidity that the manifestations of erotic symbolism are most likely to develop. When at length the symbolist realizes his own aspirations—which seem to him for the most part an altogether new phenomenon in the world—and at the same time realizes the wide degree in which they deviate from those of the rest of mankind, his natural secretiveness is still further reinforced. He stands alone. His most sacred ideals are for all those around him a childish absurdity, or a disgusting obscenity, possibly a matter calling for the intervention of the policeman. We have forgotten that all these impulses which to us seem so unnatural—this adoration of the foot and other despised parts of the body, this reverence for the acts of urination and defaecation, the acceptance of congress with animals, the solemnity of self-exhibition—were all beliefs and practices which to our remote forefathers were bound up with the highest conceptions of life and the deepest ardours of religion.

A man cannot, however, deviate at once so widely and so spontaneously in his impulses from the rest of the world in which he himself lives without possessing an aboriginally abnormal temperament. At the very least he exhibits a neuropathic sensitiveness to abnormal impressions. Not infrequently there is more than this, the distinct stigmata of degeneration, sometimes a certain degree of congenital feeble-mindedness or a tendency to insanity.

Yet, regarded as a whole, and notwithstanding the frequency with which they witness to congenital morbidity, the phenomena of erotic symbolism can scarcely fail to be profoundly impressive to the patient and impartial student of the human soul. They often seem absurd, sometimes

disgusting, occasionally criminal; they are always, when carried to an extreme degree, abnormal. But of all the manipulations of sexual psychology, normal and abnormal, they are the most specifically human. More than any others they involve the potently plastic force of the imagination. They bring before us the individual man, not only apart from his fellows but in opposition, himself creating his own Paradise. They constitute the supreme triumph of human idealism.

(To be continued.)

A MORPHIAMANIAC ON TRIAL FOR MURDER. A MEDICO-LEGAL STUDY OF THE MATTHEWS CASE.

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DR. J. B. Matthews of Greensboro, N. C., was indicted for the murder of his wife, December 1st, 1905, and was placed on trial for the crime in that city February 28th, 1906.

The prisoner was born in Durham, N. C., in 1870, of highly respectable parents. His father was a veteran in the confederate service, losing an arm at Gettysburg, and was a reliable, temperate and much esteemed man.

His mother was a nervous woman, and a devoted church member. The prisoner was a delicate child from infancy and was greatly indulged by his parents, and while possessing many lovable traits, was erratic and impulsive.

During his school days and later he drank beer and whiskey, and would go away from home and be concealed for a time. From fourteen on to twenty his life was irregular, at one time a railroad brakeman, at another working on the railroad track, then a clerk in a tobacco house, then he worked in a drug store, and became a student in pharmacy, and finally took up medicine, and graduated from the Richmond Medical College in 1893 with honors.

During his medical studies the death of a young woman, to whom he was engaged, produced depression and a suicidal mania. He wrote letters bidding goodby to his parents and friends, giving directions as to the conduct of his funeral, and the distribution of his personal effects, then took a large

dose of morphia, and later was found in a comatose state, from which he was resuscitated with great difficulty.

A year after he married, and later entered upon the general practice of medicine. So far as it was known his married life was very happy and he was very attentive to his wife in public, and a little boy born two years after marriage seemed to greatly increase the enjoyment of each other's society.

The first years of his practice were uneventful, except that at intervals he drank spirits to excess, and was known as a drug taker. The last two or three years it was observed that his wife used morphia, and was under its influence at times.

His conduct became more and more eccentric, and he changed his place of residence to a neighboring town, then finally settled in Greensboro. He was recognized as a physician of fair attainments, who might have had a lucrative practice and been popular in the community, were it not for his eccentric habits and unreliable business methods, which were evidently due to drug taking.

The last year or so he used cocaine at times, which fact was evident from his talkative and exciting periods, alternated with stupidity and moroseness.

His personal appearance showed great physical changes. His habits were careless and his manners abrupt, and his words and statements were unreliable.

Prescriptions given at this time were so unusual and careless as to suggest mental disturbance and indifference. All his friends and associates noted his addiction to morphia and other narcotic drugs, and the wide variations of conduct from profound stupor and indifference to irritability and impulsiveness, and regarded him as unsound and more or less irresponsible.

On the night of November 30th, 1905, he was seen walking at the railroad depot with his wife, in a very happy state of mind. They both seemed to be enjoying themselves with the familiarity of children.

Next morning, December 1st, a friend called at his

house and found Mrs. Matthews very stupid and breathing badly. The doctor was also in a semi-stupid state, and the little boy was sent for a neighboring woman. She recognized the gravity of the case and sent for two doctors and they summoned the coroner, who was also a physician. Extreme morphine poisoning was recognized and active measures for restoration were promptly begun.

Injections of strychnine, nitro-glycerine together with the galvanic battery, and other means were freely used.

The doctor was recognized as being under the influence of morphia, and explained that his wife had taken a large quantity of strychnine tablets the night before with suicidal intent, and soon after complained of extreme pain and began to vomit, and for this he had given her a quarter of a grain of morphia every half hour from 11:00 p. m. until morning.

One of the physicians gave an unfavorable prognosis. This seemed to please the doctor who sent several telegrams announcing the death of his wife and talked of the disposition of her personal effects in a childish way.

Later he appealed to the physicians to certify that his wife had died from heart disease and thus avoid public scandal. In the course of a couple of hours an improvement took place in the symptoms; the battery giving out at this time, an effort was made to get another one and the doctor was asked to lend his horse and carriage for this purpose. This he refused in a very childish, irrational way, claiming that he needed the horse for another purpose.

His conduct was generally suspicious, begging the physicians to leave the room so that he could be alone with his wife. Failing in this, he was detected secretly injecting into the arm of his wife some solution from a hypodermic syringe. It was forcibly taken from him and he made no explanation. He seemed to be in a confused state and was constantly smoking cigarettes. In the course of an hour after this event his wife was seized with convulsions and died.

The physicians concluded that death was due to

poisoning and that the solution which he had given by the needle was strychnine. They reasoned that the motive for his strange conduct and repeated efforts to be left alone with his wife was for the purpose of making her case fatal by secretly administering some drug, and failing in this, he boldly attempted to inject a solution under the cover of the bed. Later he tried to bribe one of the physicians by offering payment for his services, and to enlist his sympathy from the fact of membership in the same secret society.

After the death of his wife he talked freely of the funeral, ate a hearty supper and went to bed profoundly indifferent to the circumstances and conditions, and when arrested about mid-night seemed to have no clear idea that he had committed a crime, but regarded the arrest as a very formal matter which could be adjusted by his explanations to the sheriff. When taken to the jail, demanded whisky and morphine, and seemed quite irrational and confused.

The coroner, who had forcibly taken the syringe from the doctor immediately after the act of injecting the contents, in the arm of his wife, found a large mass of white powder, undissolved in the barrel of the syringe. This he took to a drug store, and by test, decided that it was strychnine.

This fact and circumstances of the death, seemed so clear, that the prosecuting attorney did not consider it necessary to have a post mortem. Hence, the body was buried without any examination, although the undertaker swore that it did not differ from other bodies, and had no appearance of extreme rigidity.

The syringe was kept by the coroner until a few weeks before the trial, when it was taken to the Professor of Chemistry at the State University for analysis. He found the powder remaining in the syringe to be morphia, and without any possible trace of strychnine.

In jail it was found necessary to give the prisoner morphia daily, and spirits occasionally, and during the trial the amount was greatly increased. The defense was insanity.

It was claimed that the prisoner was a morphiomaniac, and by reason of his drug taking was unable to understand the nature and consequences of his conduct, and that he was in such a confused mental condition as to be unable to reason or act rationally, and that the act of injecting secretly into the arm of his wife some substance, was idiotic and unreasonable and did not have any influence in hastening the death of his wife.

It was assumed that his statements of his wife using a large quantity of strychnine tablets might be true, and that his efforts to prevent its poisonous effect by the continuous doses of morphia from 10 or 11 o'clock at night until the early morning of the next day, would naturally result in poisoning and coma. Also that during this time, while using morphia himself, his mental condition would be so confused that such a course would be natural and characteristic of the imbecile conduct of a morphiomaniac.

The experts for the defense were Drs. McKee, Supt. of the State Insane Asylum, Raleigh, N. C., and T. D. Crothers, Supt. Walnut Lodge Hospital, Hartford, Conn., and Dr. Petree, of Greensboro, N. C. They swore that the prisoner was suffering from morphiomania and dementia, with delusions of parietic nature, and that he was in no way able to act sanely or with full consciousness of what he was doing, also that any sane conduct or talk was automatic and not the result of reasoning; that he was incapable of planning and executing a homicide, requiring reason and judgment as to the consequences and nature of his act.

In support of this contention it was claimed that he was mentally defected by inheritance. His grandmother on his father's side was insane during her entire lifetime, and was said to have killed one of her infant children. On his mother's side one uncle died insane and an aunt had some form of convulsions, in one of which she was burned to death. Another one drowned herself, and a third member of the family committed suicide by jumping into a well. Other members of the family were nervous and erratic.

In his early life he was impulsive, irritable and nervous, and drank and was eccentric in conduct and manner. It was evident that he inherited a defective brain and nervous system, with a decided predisposition to some form of insanity. His early use of spirits and irregular life, with an attack of suicidal mania, was unmistakable evidence of this.

His continued use of spirits and drugs, first at intervals, and latterly continuously, was confirmatory evidence. His drug taking had become so prominent as to attract attention and create doubt among his friends of his mental soundness.

All the evidence showed that the relations with his wife were amicable, and that she had used morphia with him, and that probably the comatose condition she was found in on the morning of her death was a repetition of what had occurred many times before, in which both had indulged in this drug up to stupor without any serious results following. There was no evidence of malice or motive on the part of the prisoner to procure the death of his wife. His strange conduct and semi-stuporous condition showed no degree of sanity, but rather the foolish weakness of a dement.

The morphia found in the barrel of the syringe had been thrown in recklessly and then water turned on with a view of dissolving it, and in this condition he had attempted to inject it, with the strong probability that none of the contents were actually forced through the needle.

The convulsions following had no probable connection with the injection even had the substance been strychnine. With the pulse not distinguishable and the respiration reduced to five or six a minute, it is exceedingly doubtful that either strychnine or morphia could be absorbed, even if injected in large quantities, to make any impression on the heart.

The prosecution urged that the convulsions and death were caused by the injection of strychnine and that the prisoner had a motive to put his wife out of the way. It

was also urged that in other matters he was treacherous, vindictive and competent to reason and execute a crime, and that his drug taking was for the purpose of covering up the responsibility of the act. And that while under the influence of some narcotic he appeared conscious during the efforts to resuscitate his wife and acted rationally on most matters.

It was agreed that he was not a combative or irritable man, but nervous and impulsive, and when under the influence of drugs was demented and stupid in his talk and acts. His present appearance was that of pronounced anemia, with a melancholy, abstract face; his eyes were stary and glassy and his voice was jerky and jarring, and his conversation was in monosyllables, and his general appearance was that of great indifference and unconcern to the surroundings. His face was unsymmetrical, with a V-shaped palate arch, decayed teeth and the skin of the face was pallid and tightly drawn. He complained of rheumatism, which was literally neuritis. The toes and feet were contracted and painful and reflexes were absent from both legs.

His heart was regular, but feeble, the appetite was variable and his sleep broken, except when under the influence of morphia. In conversation his voice would drop down to a whisper as if the thought had escaped his mind. At times he claimed to be very faint and would go out into an ante-room, where injections of morphia could be given him, then return and fall into a drowsy state until the effects were worn off.

For the last two years his drug taking had been noted in his depressed sensory and reasoning faculties, and the impulsive, stupid conduct which showed unsoundness and irresponsibility.

The Judge charged the Jury, that the question of the kind of poison used, its quantity, when and how administered, should not be considered in their decision, but only the fact beyond all reasonable doubt, death followed from the poison, administered by the prisoner, also that if at the time, by reason of morphine which he himself took,

and while under its influence administered the same or other drugs to his wife, and by the effect of the drug which he was suffering from he was unconscious of the character and consequence of his act, he could not be guilty of murder in the first degree. But could not be excused because of the temporary insanity voluntarily brought on himself, and would be guilty of murder in the second degree. If at the time the prisoner administered morphine, or any other poison, to his wife he was under the influence of a similar drug and had no purpose to kill her but recklessly and carelessly administered it, causing her death, there could be no malice, hence not guilty of murder in the first degree, but it would be manslaughter, and that no excuse on the account of, and by reason of, his mental condition should be considered. He also charged that no matter how far he was under the influence of morphine, if he had mind enough to be conscious of wrong doing, he was responsible.

If his moral perceptions were so blunted as not to be able to distinguish between right and wrong, such voluntary incapacity did not excuse his crime. The jury brought in a verdict of murder in the second degree and the prisoner was sentenced to State's prison for twenty years.

The issue of this case, whether Matthews should be confined twenty years in prison or be sent to an insane asylum and treated, remaining there until recovery or death takes place, is of minor importance.

The real question is, should any one in Matthews' condition be put on trial for crime on the assumption that he was sane and competent to reason and act normally?

This trial will become celebrated for the prominence in which it brings out the errors of the past in attempting to administer justice and maintain the majesty of the law in the punishment of imbeciles and the absurdity of presenting to a jury the evidence of sanity and responsibility in such cases.

A restatement of the main facts that are undisputed will sustain this claim.

1. The heredity history in Matthews' case showed a

distinct neurotic heritage and predisposition to mental instability, with feeble controlling power. In the ordinary strains and drains of life he was incompetent to live normally, but would most naturally develop some form of neurotic disease, according to the environment and conditions of life.

2. His defective heredity was apparent in the sensitive nervous system of early childhood and erratic conduct, manifest in a suicidal mania at the beginning of manhood. This, with the history of spirit and drug taking, was the natural course of defective organism with faulty culture in bad surroundings, which would follow with absolute certainty from such conditions.

3. The fact of graduating with honors and becoming a popular physician, making and losing many friends by his erratic conduct and increasing eccentricity, was farther evidence of a neuropathic condition and an unstable, unsound brain.

4. The year before the alleged crime he was notorious for his periods of stupor, depression and talkative delusional deliriums. He became careless in his dress and disregarded many of the proprieties of life, indicating great physical and mental changes. His untruthfulness, respect for his word, pride of character and petty efforts to take advantage farther confirmed the fact of his defective reason and irresponsibility.

5. His relations with his wife gave no indication of any variance or disagreement, and at times in public they exhibited great respect and affection for each other. He was not considered by his friends combative or revengeful, but rather the opposite, hence there could be no motive apparent to dispose of his wife.

6. The comatose condition of his wife on the morning of her death could not be called an unusual event, where both were using morphia. His statement that she tried to commit suicide by taking a large dose of strychnine and that he had given as an antidote continuous doses of morphia every half hour, was a very natural order of events,

particularly as he was using it himself. His indifference to the efforts of the physicians in restoring her and his apparent impulse to administer more morphia secretly to make the case fatal, was the act of an imbecile brain and a morbid impulse of a lunatic, without consciousness of the consequence and results of his act.

7. The farther history of the prisoner in jail and during the trial, in which he manifested a degree of nervousness bordering on delirium, unless he was given morphia in sufficient quantities to make him comfortable. His general demented condition, erratic talk and stupor alternating with apparent sanity, but always followed by general unconsciousness concerning himself and surroundings. From these facts there are certain general conclusions, which should have been recognized and acted upon without any possible question or doubt.

First. It was an error of the authorities in assuming that death was caused by strychnine, and not verifying it by post mortem examination and chemical analysis of the contents of the syringe.

Second. It was a still more serious error in assuming that Matthews was sane and responsible for his acts, especially in that community, where his mental condition was a subject of common observation and talk and his drug taking was acknowledged beyond all question.

Third. The apparent motive in injecting into his wife's arm some substance to increase the fatality of her condition would naturally demand his arrest and confinement, but the assumption that this was a sane act of a responsible man was a reflection on the intelligence and judgment of the authorities.

Fourth. Matthews should have been tried by a commission of lunacy, and the questions of his mental condition determined before any farther steps had been taken, then if sanity, malice and responsibility had been apparent, his trial would have been reasonable and in accord with the dictates of justice.

Fifth. Such a commission would have determined from

the facts of his history, his present condition and appearance, the probable impulses, delirium or delusion which prevailed at the time of the alleged crime, and what his appearance of sanity was, as seen by the physicians before the death of his wife.

Such a commission would have explained how it was that Matthews at times appeared reasonably rational and conducted his professional work without special comment, and that this was no evidence of a sound reasoning mind with full power of control. They would have pointed out the impossibility of the brain being normal and fully conscious of the consequence of acts, with power of restraint in such a person. They would have shown that in a person who was using morphia or other drugs to stupor, there was a diseased brain, incapable of planning and executing an act that required consistency and judgment. In such a brain there might be impulses, varying widely, but they would all be transient and uncertain. For a moment the brain might seem to understand the quality of the act, and even show some power of control, but the next moment this would disappear altogether. All questions of right and wrong, if they occurred, would be determined by impulses that were as transient as the clouds; vague talk would show the confusional state of the mind, and this would be farther reflected in a dazed condition of general unconsciousness. They would have pointed out the childish efforts of Matthews to be alone with his wife, and the still greater absurdity of trying to conceal circumstances of his wife's death, and the whole scene and conduct during that afternoon of the alleged crime would have confirmed unmistakably his demented condition.

Such a commission would have pointed out the conditions of delirium and delusion of Matthews at the time and showed that his wife's death under the peculiar circumstances was a mere accident, in which there was no design or purpose. Had there been sanity, other and more simple methods would have been used to accomplish the end desired.

This trial and verdict should be the last of the medical efforts to determine the criminality and responsibility of

persons who are notoriously incompetent by reason of narcotic drugs. It should be the last legal effort to determine the questions of responsibility and accountability in drug takers, as if such facts were common everyday observations within the range of all persons. The law gains nothing by such farcical efforts to determine crime and the degree of punishment which it merits, and human justice gains nothing by attempting to decide how far incompetent and defective brain culprits are able to control and judge of the results of their acts. In reality the higher consciousness of the community and its intelligence are hurt by the injustice of attempting to adjust wrongs in jury trials on the basis of full responsibility.

The attempt to make a jury of twelve men understand the actual condition of the mind and motives of a morphiomaniac should never be attempted again in this age of progress. The following statement in a daily paper showed the personal element injected into the trial.

"It seemed on analysis passing strange that circumstances could so shape themselves that the men who were most against Matthews, seeking to bring him to the scaffold, should extend all their energies to prove his sanity, while those who fought for him taxed all their strength to prove him insane, degenerate and imbecile."

This case will be prominent as the first effort to decide concerning the responsibility of a morphiomaniac on the theories and misconceptions of the teachings of science of half a century ago. On these lines the inmates of every insane asylum could be convicted as sane and responsible for their acts.

The morphiomania of the prisoner being recognized, no question of his conduct or motive could be raised from which to determine sanity or responsibility. Such a man would act in a confused, irregular way and do extraordinary things without motive, purpose or consistency. To place such a person on trial and have the jury determine the sanity and responsibility of a brain in this condition, is to ignore all scientific and medico-legal researches and revert back

to the theories and practice of a century ago. The authorities blundered in permitting this case to be tried on the question of facts and going to the jury for settlement.

The insanity of the prisoner should have been the first and prominent feature to be considered, then the facts of the crime would have come in rationally, and would have obviated the farce of spending a week or more in accumulating evidence, pro and con, that merely confused the jury and gave no evidence of the actual condition.

It is a pleasure to note the indefatigable efforts of the lawyers for the defense to bring out and convince the jury of the actual condition of the prisoner.

Major Guthrie, of Durham, N. C.; Gov. Stedman and Mr. Cook of Greensboro, N. C. presented with great force and eloquence the facts indicating the real condition of the prisoner, his mental incompetency and the grave doubts of his capacity to reason and judge of his conduct.

In this they made a strong protest against the obsolete theories and stupid medico-legal practice of the past and urged a larger and broader recognition of legal responsibility in accord with the newer science and conception of justice and jurisprudence of the coming century.

SADISM.

REPORT OF MEDICO-LEGAL CASE.

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IN a previous article,* on Erotomania, I reported a case of that form of sexual perversion known as exhibitionism, which was legally declared insane; the present case of Sadism, although bearing more of the "ear marks" of insanity, did not receive the "stamp of authority," though the prisoner, whom the state endeavored to persuade to plead guilty and accept the "light" sentence of fifteen years in the penitentiary, was given a nominal punishment of six months imprisonment, and from information received since the trial, I am justified in stating that public opinion alone prevented acquittal.

The difficulty of establishing insanity, or an insane impulse, to the satisfaction of a jury of laymen, in these cases is often a Herculean undertaking.

To recognize an insane impulse as the cause of an unprovoked assault upon unknown and unsuspecting pedestrians on the busy streets during the most bustling hours of active city life,† by one who does not disclose delusions

**Alienist and Neurologist*, February 1905.

†Strong presumptive evidence of insanity.

or great mental aberration, or does not perform violent acts, or whose conduct is at least not bizarre, thereafter, is beyond the ken of the laymen and often without the knowledge of the medical witness.

Drs. Savage and Mercier, in an article on Insanity of Conduct,* have to say of this form of insanity; "... the world, more especially the legal world, is loath to allow that insanity is often to be judged of by the acts of the individual rather than by his words. "They all allow that an incoherent person, or one with a marked delusion, may commit an act of violence as a result of the mental disorder, and be excused thereof; but they will not admit—if even they recognize—that an act may be the one insane symptom."

It should not be necessary for the defense to prove that an insane act may be committed in the absence of a delusion; it should be admitted as axiomatic.

It is generally recognized that the nervous system is a complex hierarchy functionally arranged in layers so that each plane is subservient to a higher plane, though each may be influenced and, under pathological conditions which destroy the normal equilibrium between the tendency to act and the restraining power (will), is often controlled by external influences.

The expert medical witness should know and admit that there may be at least three forms of insanity, depending upon the region of the cerebral cortex involved, viz.: Intellectual, emotional, or affective, and motor, or more properly, perhaps, psycho-motor, under the latter of which is included uncontrollable acts without perceptible involvement of the intellectual or emotional spheres, hence without delusions and bizarre conduct.

These acts are such as kleptomania, pyromania, erotomania (under which is classed sexual crimes), etc.

Insanity or insane acts may result from an exaggerated irritability or reaction of that region of the cortex which the form of insanity indicates as functionally involved; or from either a loss or exaggeration of the re-

**The Journal of Mental Science*, Jan., 1896.

straining power (will), by which there is an unrestrained, or even exaggerated, motor response to sensory impressions.

The prosecution, as is customary in cases of alleged insanity, attempted to discredit the theory of insane impulse on the ground that the accused was, up to the time of committing the offense, able to attend to his accustomed vocation, checker in a restaurant, which called for a "clear head," and that none of his companions noticed anything wrong with him. This often has a prejudicial effect on the jury, even though it be negatived by the experts, as is usually the case.

Savage* reports a case which, although not one of sadistic impulsions, is a good illustration of impulsive acts in the presence of a high order of intellect, and presents at least three features similar to the case herein reported, viz: prenatal influence, somnambulism and sexual perversion, hence, we reproduce it.

"Clergyman of 40, born in the tropics, his mother at time of birth suffering from severe nervous shock, as a child he was somnambulistic; he had also chorea; he was bright, clever, and not differing from other boys, except that he was a precocious onanist. From school he went to University, where he did very well, and later was ordained; he married at twenty-three a woman much older than himself, from whom he soon separated. After this, though following his profession in a desultory way, his conduct became markedly abnormal. He pilfered jewels, rings, purses or petty cash without any definite necessity for the money, being fully conscious of the danger he ran legally, and yet being quite unable to refrain. With this disorder he also developed perverted sexual feelings, being attracted by men, while women were antipathetic to him. He, as a result of petty thefts, was sent to goal on more than one occasion, and also voluntarily he placed himself in an asylum to prevent him from committing other crimes. This patient was without any apparent intellectual defect, he was brilliant and eloquent as a preacher, and, while fully recognizing

*Loco citato.

the consequences of his acts, was quite incapable of controlling them."

The higher faculties, the judgment, attention and will, are most affected in general intellectual inferiority and first affected in mental decadence, while memory, imagination, invention, the power of expression and the artistic aptitudes may be well developed, which reconciles the often paradoxical uncontrollable insane act with retention of a good mentality, which in certain directions, especially in the artistic aptitudes, may be extraordinary, as is the case in superior degenerates. Those of low mentality are classed as inferior degenerates.

"In the moral or emotional sphere, arrest of development or decadence affects particularly the loftier sentiments and higher affections, while there is often a true hypertrophy of the passions and the lower feelings and instincts."*

These fundamental physio-psychological truths make it easy to understand how a disassociation of the normal equipoise may result in impulsive insane acts, without the existence of the antiquated "necessary" delusion or loss of the "ability to distinguish right and wrong"; explaining, not only why an individual may be out of harmony with his environment, but why different regions of the brain may be discordant, so that normal sensations, both external and internal, produce erroneous impressions and responses, without the *ego* having either the ability to recognize or power to control them.

Erotomania is rarely accompanied with disease of the intellect beyond a weakness of judgment and will, the essential factor being degeneracy,† the diagnosis resting upon the existence of physical and mental stigmata, although, according to Krafft-Ebing, "an acquired perversion may be diagnosed in the presence of a neuropathic or psychopathic state."

The connection of the physiological with the pathological in sexual perversion is close,‡ and the transition nat-

*E. Regis, *Mental Medicine*.

†J. L. Corning, *Journal A. M. A.*, January 21, 1906.

‡Krafft-Ebing, *Psychopathia Sexualis*.

ural, since acts of cruelty during sexual excitement come within physiological limits.

"The intimate connection of love and pain, its tendency to approach cruelty, is seen in one of the most widespread of the occasional and non-essential manifestations of strong sexual emotion, especially in women, the tendency to bite."*

The "love bite" is often referred to in the literature of both ancient and modern times, and recognized in the familiar expression, "I love him so much I could just eat him."

Allen McLane Hamilton writes:† "Within physiological limits, intense excitement during the sexual act is thus apt to lead to the performance of acts which are ordinarily expressive of anger, and, *vice versa*, the objective activity of angry emotion is apt to excite lustful feeling." From this we can understand how naturally Sadism develops where there is present a disassociation or loss of normal equilibrium of the cerebral areas.

I examined the subject of this report upon three different occasions, viz: March 27th and 31st, and April 16th, 1906, consuming over an hour in the first examination, and about half that time at each of the others.

The prisoner was a boyish-looking young man, 22 years of age, single, checker in a restaurant, working up until a short time of the commission of the offenses, which consisted of stabbing in the thigh with a pen-knife several women in succession by brushing against them in passing them on the street, while on his way to visit a prostitute‡ with whom he indulged in libido, besides twice performing cunnilingus. Though this fact was suppressed by mutual consent of prosecution and defendant's attorneys, it is important for the correct interpretation of the case. A disinterested physician, of good moral and professional character, with whom I have only a speaking acquaintance, volunteered the information before the trial that the accused was known in the "bad lands" as a sexual pervert.

*Havelock Ellis, *Psychology of Sex*.

†Medico Legal Medicine.

‡Lombroso, *Goldammer's Archiv. B. xxx*, p. 12, reports a similar case.

The wounds inflicted were so slight that most, if not all, of those stabbed, were not aware of it until they arrived at their homes sometime thereafter. The last woman injured gave the alarm, believing he had snatched her purse as he knocked against her, when he was pursued by several pedestrians who captured him after a chase of over a block, but was released at the instance of the accuser, who found she had suffered no loss, and was not aware of the wound.

The offender, by this time, being in the neighborhood of his destination, continued on his errand, and when sought by his paramour for an explanation of how his coat sleeve came to be ripped, unhesitatingly informed her of his pursuit and capture for suspected purse-snatching, followed by immediate release, though saying nothing about the stabbings, of which he alleged afterward he knew nothing. It was the rough handling of his pursuers, so prisoner claimed, that aroused him from a semi-conscious state, and when captured, he threw away the knife, and made a remark in substance that he "had done nothing," and when informed of his having run against a woman, made a very natural excuse that he was drunk; afterward in a "confession" (?) under duress, said he had drunk 25 or 26 glasses of beer just prior to the acts, though there was no corroborative evidence, not even was the State able to introduce a witness who had ever seen him drink,* and the lively race he gave his captors, would negative the idea that he was greatly under the influence of liquor. However, everything pertaining to his relations with his paramour, who was not even introduced as a witness, was suppressed; his confession under duress was excluded as evidence, and his statements to the experts were not admissible on the ground of privileged communications, so that the evidence was confined to witnesses to the following facts and the objective symptoms observed by the experts. From outside sources I obtained the following history, all of which was corroborated on the stand:

Paternal grandmother, alcoholic. Father excessively

*However, alcoholism is a recognized stigma of degeneration.

nervous, excitable and irritable, with periodical attacks of a maniacal character, during which he would attack the members of his family with butcher knife, poker or other convenient weapon, after which he usually sat or lay down and slept for some time; thus resembling epilepsy.

During period of mother's encephalic state with accused, she was frequently chased from the house, at times remaining all night with neighbors, and once passed the night in a coal-shed. When accused was eight or nine years old, he broke out "all over" with sores, which attending physician diagnosed as eczema, and from which he was not freed for nearly five years.

Father frequently inflicted corporal punishment upon accused, once when about 11 years old, father struck him with butt end of "blacksnake" whip, rupturing ear drum and causing hemorrhage of the ear, and another time causing paralysis of bladder, so that urine had to be drawn with catheter for about a month. Father was fined once in police court for assaulting family. Father and mother have not lived together for several years.

In my intercourse with family, I found mother of nervous temperament; one sister, about 16 years old, neurasthenic, and brother, 14, with stigmata of degeneracy, though bright and alert. Two younger sisters have large congenital naevi.

Family informed me that accused was a nocturnal somnambulist and mother said his sleep had always been restless and that he would frequently "jump" in his sleep.

Prisoner's height is five feet and five inches (normal mean, being nearly five feet eight inches), temperature and pulse normal, though he was restless and ill at ease when in my presence, notwithstanding I had an opportunity to get well acquainted and he knew I was engaged in his interest.

Normally left handed, through discipline at school he habitually writes with right hand, although he can write almost as well with his left, which he uses to exclusion of the right in all other single handed acts.

*Specimen of Penmanship.**Right Hand**Left Hand*


Examination revealed the following anatomical stigmata:

Excessive supra-orbital eminences with depression between, and eye brows meeting. Nose twisted to left, external occipital protuberance and mastoid processes greatly enlarged. Teeth irregular, many decayed and six lost. Small facial angle, about $67\frac{1}{2}^{\circ}$ (Cloquet). Ears relatively too large, mal-formed and unsymmetrical.

Measurements	{	Right	{ Length, 68 Mm.
			{ Breadth, 43 Mm.
	{	Left	{ Length, 64 Mm.
			{ Breadth, 40 Mm.

Ears, lobeless; helix, uncompleted, absence of roll and bifurcated at internal extremity; Darwinian tubercle present. Second and third toes of each foot webbed.

No defect of sight, though no examination was made for astigmatism, muscular insufficiency or Daltonism.

Physiological stigmata: Fibrillary twitching of muscles about neck, shoulders and upper portion of body. Tremors of many muscles when put on strain, *e. g.*; standing on one foot causes trembling of all the muscles of thigh and leg. Tremors of facial muscles on continued forced contraction.

Great hyperaesthesia of skin below waist line, marked exaggeration of all skin and tendon reflexes from epigastrium down. Ordinary motions, such as undressing, are performed spasmodically, hastily and in jerks, much resembling the motions of a "green squad" of soldiers going

through the manual of arms "with the numbers," though more rapidly.

Psychical stigmata: Besides the sadistic acts (stabbing), there were present restlessness, irritability, impulsiveness and emotionalism, as shown by anger upon calling his attention to a trivial discrepancy in his answers to the same question at two different examinations, when his face flushed and he replied in an unmistakably angry tone that I had "never asked the question before," notwithstanding I had a note of his former answer.

Urine, acid, clear and colorless, specific gravity 1003, though another expert for defense at different time, found it 1005. A request to have the urine measured met with refusal by the State.

Accused was examined by a commission of alienists appointed by the State before prisoner had opportunity to retain counsel, and it was upon the report of the commission, which was, in brief, that they were unable or unwilling to state whether he was or was not responsible, that case came to trial.

Of course, the examination of this commission was purely a personal one. They had no history of his ancestry and could not have gotten the most important data pertaining to his childhood as well as to his prenatal and early environment, as they were unknown to accused; although, of course, they had full knowledge of the acts of cruelty.

To the hypothetical question propounded by the State based upon this one examination, which was negative, his physical condition being reported as "perfect," the act itself and his conduct when captured, the experts for the prosecution considered the accused sane.

To the hypothetical question of the defense, which included in addition to these, the ancestry, prenatal influences, environment and treatment received during childhood, and the presence of nocturnal somnambulism, the experts for the state were unwilling to express an opinion.

The experts for the defense contended the act was an

irresistible (insane) impulse, though its exact classification was not attempted. It may have been a psychical epileptic or a somnambulistic state, since the accused was a nocturnal somnambulist and may have had unrecognized, mild, nocturnal epileptic attacks; however, the ensemble of the case certainly justifies the diagnosis of sadistic insane impulse.

Comparing this with the previously reported case of exhibitionism,* the presence of disease was more evident in this than the former case, in which the environments were always pleasant, even happily married, and which gave no history of hereditary predisposition; no serious diseases or injuries, nor was there present anatomical stigmata of degeneration.

Linmar Building.

*Loco Citato.

THE ALIENIST AND NEUROLOGIST.

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EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

PROGNOSIS IN EPILEPSY is the subject of an editorial in the *Boston Medical and Surgical Journal*, analyzing Dr. Spratling's report, in which the editor speaks in part as follows:

"For some years Dr. Spratling has taken an optimistic view regarding the treatment of epilepsy. . . . He points out the desirability of earlier admissions if the best results are to be obtained. But twenty-five of the 1887 patients hitherto admitted to the colony, had suffered from epilepsy less than a year at the time of admission. In fact, the largest number admitted had had the disease for many years and, therefore, could not be regarded as hopeful subjects for treatment. . . . The interesting statement is made that epilepsy is more common between birth and the fifth year than at any other period, and the next most common period is between the tenth and the fifteenth years. In spite of the gross similarity between epileptics,

Dr. Spratling insists on a close study of the individuals as a pre-requisite to success in treatment. It is an erroneous idea to suppose that the individual element is neglected in colony treatment in spite of the large number of patients under supervision.

"Dr. Spratling speaks confidently of the curability of epilepsy. The statement is made that in from five to ten per cent. of the chronic cases at the colony a complete cure is effected. In other cases the seizures may be indefinitely arrested if the patients will live rigorously and in the prescribed manner. Freedom from epilepsy is held to be often merely a matter of right living. This freedom, however, cannot be secured in many cases by residence away from the colony. One patient is reported, who, after an immunity of twelve months from seizures and who in another twelve months would have been discharged cured, on a vacation of a month at home had five attacks in twenty days. The small things, according to Dr. Spratling, count for much, and it is Dr. Spratling's conviction that when epilepsy comes to be as rationally treated as tuberculosis is growing to be, the percentage of cures will be from twenty-five to thirty per cent. or more. While admitting that Dr. Spratling has every reason to speak with authority in this matter, we are inclined to think that a more exact definition of what is meant by a cure is desirable. Certainly, immunity from attacks for two years, while at the colony, should not be regarded as a cure, if the attacks forthwith recur on return to ordinary life. The opinion frequently expressed of late by Dr. Spratling that the bromides have been used too much in epilepsy is reiterated. Approximately one-half of the cases at Sonyea are treated without the drug, and a larger dose than 20 gr. of the bromide of potash three times a day is seldom necessary.

"Dr. Spratling's hopefulness is gratifying. We do not for a moment suppose that he speaks unadvisedly, and the whole tenor of succeeding reports goes to impress the fact that simplicity of life, a minimum drug treatment, and the avoidance of small sources of irritation, together with the

study of the entire individual, are the essentials to success in treatment. That these conditions can be obtained better in colony life than in the individual home is self-evident. No doubt these hospitals, as many others, will grow more popular as time passes and their usefulness is increasingly demonstrated."

An experience of forty-seven years, one case of grand mal with monthly seizures has been cured in youth and remained so till the present time, more than justifies the optimistic view of Dr. Spratling, as we have maintained and shown by clinical proof in previous communications on the subject in the medical literature.

The difficulty is in securing long enough continuance of treatment. Less than 60 to 90 grains of bromide daily, and less than two thorough daily movements of the bowels from pylorus to rectum, abstinence from meat and coffee and alcohol and tobacco, two meals daily and provision for a mind free from strain and free to sleep all the bromide will induce, will be essential to every recovery, whether in or out of an institution.

DR. GEORGE T. TUTTLE, the accomplished successor of the eminent Dr. Cowles, as presiding chief at the McLean Hospital at Waverly, the efficient chairman of the Committee of Arrangements for the Medico-psychological Association at its late Boston meeting, very appropriately arranged for the transportation to and from the New England Metropolis of that other scientific body, the First Church of Christ, Scientist. "If a sense of disease makes suffering and a sense of ease antidotes it" (Mary Baker G. Eddy) Dr. Tuttle and his committee gave us all a sense of ease and satisfaction, and hence healed our prospective discomforts of travel by enabling us to go home heeled fifty per cent on proper validation. It will be fortunate for the new cult in science celestial if they always have an alienist leader to conduct them safely free of mental aberration while they travel the borderland and dedicate temples,

CAJAL AND THE DEVELOPMENT OF THE NERVOUS SYSTEM.—Ramon y Cajal, speaking at the Fifteenth Inter-

national Medical Congress at Lisbon on the histogenesis of the nervous system and basing his conclusions on work done by his reduced silver method found that in the embryo of the chick and other animals the axis cylinders preserve perfect independence in the course of their development, and concluded that there was no reason for abandoning the monogenetic theory of His. He considered that the neuron theory received additional support through these observations.

CHICAGO BEEF PACKING ROTTENNESS and negligent inspection as revealed in Sinclair's book, "The Jungle," the Neill report and Dr. Milne's published statements, give astounding revelations of the murderous length to which organized industrial avarice has gone and will go, at the expense of the public health, for the rewards of emphatically filthy lucre.

This nefarious business serves to further emphasize the pressing burning imperative necessity of a National Health Board of wide and forceful scope with its chief in the President's Cabinet, and not as a mere secondary annex to the Marine Hospital service, which has enough to do in other legitimate directions.

The country, in sanitary matters as in other respects, is in the grip of grasping graft and needs just now an Argus-eyed sanitary inspectorship with a real Juno at Washington to see that the hundred eyes or more do their duty in watching and working for the sanitary welfare of the people; and even for that of the world, for our edible goods go everywhere and we should have a care that they are not tainted with ptomanies, tuberculosis or *Kompos*, and copremic engendering materials, as was shown in the Neill report. The undertaking industry of this and our commercially tributary countries is prosperous enough from unavoidable causes without clandestine help from beef trust sanitary negligence, indifference or iniquitous conscious crime against the public health.

SANITARY HONESTY is the best policy and the hygienic golden rule enforced in the preparation of meat for the market is the right principle even for the beef trust and cattle raisers. The farms of our country and its dairies need inspection as well as its meat factories.

THE DISCOVERY OF ETHER ANAESTHESIA ONCE MORE.—*The Weekly Medical Review* thus aims again to set the world right on this much mooted subject by extracting from H. R. M. Landis' *The History of the Development of Medical Science in America*. The merit seems justly due to Long, of Georgia:

"As soon as its (ether's) value began to be appreciated the credit of the discovery of its use as an anaesthetic was claimed by four men—Marcy, Jackson, Wells and Long. The claims of the three first-named possessed absolutely no value. Crawford W. Long, however, did undoubtedly use ether for the purpose of rendering patients unconscious during surgical operations as early as 1842. [Well's first use was in 1846.] He was a country practitioner in a sparsely populated district of Georgia, and without ready means of proclaiming his discovery or facilities for testing its usefulness. It was not until 1854 that he made known his claims."

THE OTHER FELLOW'S POINT OF VIEW is the subject of an interesting editorial in the *Weekly Medical Review*, of which the following are closing paragraphs:

"We have chosen the instance of Sir Thomas Brown's skull because it came opportunely to hand to point a moral in a direction we have long been following in thought. There are many acute questions, anti-vaccination, anti-vivisection, Christian Science, the proprietary remedy, and hosts of details in regard to the medical 'proprieties,' which would be helped far better along the road to an amicable conclusion, if those of us who are rigid in our orthodoxy would pay just a little more attention to 'the other fellow's point of view.'"

Our contemporary justly thinks that instead of "meeting opposition with half contemptuous impatience," we should "endeavor sympathetically and with 'sweet reasonableness' so to present the case as to justify ourselves and thus change his point of view, instead of overbearing him, careless whether he remains a mental insurgent or not."

The profession through omission of right influence and effort at public enlightenment is much to blame for the fads and follies of practice that prevail.

THE PROPRIETIES AND THE PROPRIETARIES.—That the proprietary medicine interests are going to "fight back" at the *A. M. A.*, is already manifest in the establishment of an organ. *Humanity* is the name of a new monthly magazine in St. Louis, started in the interest of the proprietaries. Its February number contains an article entitled "The Fallacy of the Patent Medicine Expose," assailing the medical profession and saying all sorts of silly things about the ignorance of the doctor, mixed with much foolishness and some truth about the proprietary medicines. The writer assuming to know much more about the doctor and his calling than the doctor knows himself. Among the keynote fallacies are these statements:

"The standing of an apothecary is above that of a physician, while a surgeon ranks below both, in many European countries." Actual experience teaches us (the proprietaries) that hardly a physician exists who is not willing to accept for his patients any preparation that bears the trade-mark of, and is recommended by, a reputable drug manufacturing concern. "It is fortunately true that the majority of the latter deliver into the hands of an un-informed medical profession medicines that are as represented. Ninety per cent. of the prescriptions of to-day call for preparations the composition of which the prescriber knows nothing."

These statements are simply untrue. What the doctor wants and must have in the medicines he prescribes, whether put up by special compounding skill of a proprie-

tary large scale manufacturer or retail pharmacist is an accurate knowledge of the essential ingredients. This he demands alike of the individual prescription dispensing pharmacist and the proprietary wholesale manufacturer. It is not the excipients and menstrua that concerns him, but the real goods and the actual quantities of the essentials that he must know in order to intelligently prescribe and profit by his combined clinical and therapeutic observations.

The proprieties would suggest that the proprietaries would cease offering the profession medicine secret in substance and in dosage with expectation of intelligent medical patronage. It is the improper effort to induce doctors to prescribe blindly on proprietary *ipse dixit* as to dose and drug, and not prejudice against the proprietary medicine in itself that has brought about the revulsion of sentiment now being manifest in the profession towards the false pretense form of proprietary pharmacal manufacturers who ignore the proprieties in make up and manner of putting before the profession their products.

No really meritorious proprietary need suffer from the attitude of the *A. M. A.* We need the good and true proprietaries, but the wheat must be winnowed from the chaff or the profession will fall to the low estimate of this ignorant and egotistical writer in *Humanity*.

Take this. It is good for the disease. Never mind what it is or what its proportions, we tell you how to prescribe it. The proprietary pharmacist knows better than you. You are only a doctor below us in knowledge.

This is the attitude of the superwise quack proprietary, and the medical profession does not propose to put the quack proprietary on the same plane as the ethical one. To do it would violate the proprieties.

THE IOWA EUTHANASIA PROPOSITION provides for the killing of sufferers from painful disorders certain to end in death, and to prevent the rearing of hideously deformed and hopelessly idiotic children. Three physicians and the county coroner must unanimously agree and participate in the euthanasia. It must have the approval of the

nearest relative and, if practicable, of the patient himself. Any deviation from these restrictions constitute murder under the proposed law. A heavy fine is to be imposed upon any physician who shirks his duty under this law. The legal penalty is first degree murder for any abuse of it.

THE METRONEUROTHERAPY OR METROTHERAPY OF NEURASTHENIA.—The impregnated ovary quickens the nutritive processes and exalts the reconstructive metabolisms of even the neurasthenic. Extremes have lately met in the observation of our sometime psychically ammetropic friend, the accomplished editor of *American Medicine*, who from curing epilepsy and other brain troubles by correcting astigmatic and otherwise defective eyes, has re-observed this old fact and added the cure of neurasthenia by pregnancy to his *one ideal* therapeutic repertoire.

We have not had such faith in the eye-trimming business, as one of our patients called these neurotherapeutic operations on the eye muscles, since one of our melancholic neurasthenics full of faith in this marvelous surgical treatment, a constitutional neurosis, on his return homeward from New York, yielded to a suicidal obsession and killed himself. But the improvement of certain neurasthenics, especially psychoasthenics, does furnish an ocular demonstration more perceptible than the eye-trimming therapy of the neuroses in many cases, though the new neurone grouping awakened in the mother by the enciente state and the cerebro-psychic diversion, especially some forms of neurasthenic melancholia and hypochondria.

Psychic hypermetropia, myopia or astigmatism in oculists relative to neurologic tests, is becoming rather perilously prevalent for the safety of accuracy of diagnosis. Some of them are inclined to make the tail wag the dog, with reference to certain brain troubles, though corrections of ammetropia is welcomed by all neurologists without the often ridiculous theories propounded. There are cerebro-ocular as well as oculo-cerebral troubles. It is well to duly consider and estimate both. View not the brain with

ametropic eye, and pass its imperfections by except as dependent on the eye. For the brain has troubles of its own, as the eye has likewise, and makes trouble for the eye.

CONGRESSMAN BROWNLOW'S BILL proposes to compel physicians to write their prescriptions in plain English.

If this legislator means plain enough English for the average congressman to comprehend, this would be a difficult task for the prescribers.

CHARACTERISTIC OF THE DOCTOR'S CHARITY, AND LIKEWISE OF THE OTHER FELLOW.—A wealthy mine owner of Salt Lake, with his wife and children, escaped the awful San Francisco catastrophe described how, leaving the Hotel Charlemagne in his automobile and surrendering it under compulsion to the police, he finally got over to Oakland and, in a half-starved condition, dined at a restaurant, where the restaurateur accepted only actual cost, one dollar and sixty cents (\$1.60) for six meals. Finding their eyes affected by the heat and ashes they sought an oculist, who treated them with care and charged them nothing, saying: "We charge nothing to people who came through that awful trial over yonder" and the millionaire does not record that he insisted upon the doctors' receiving a just recompense for his services, a recompense especially well deserved, under the circumstances. Perhaps Mr. Daily was so rattled at the doctor's unexpected generosity that he never thought of forcing a fee on the good-hearted oculist.

The medical men serve too many of the rich for too little, while they serve the poor for nothing. The good, charitable doctor, who demandeth and receiveth liberally and justly from the rich, may better and more liberally serve the poor.

TERRIBLE RAILWAY FATALITY.—Dr. Marcus H. Thomas, in *Jour. A. M. A.*, for January 6th, shows that one railway employe in every five hundred was killed and

tone in every twenty injured in nineteen hundred and four. The doctor is a railway damage adjuster.

Dr. Pierce Bailey, who is one of our best authors and authorities on forensic surgery, commends medical men for positions of inquiry damage adjusters for railways. "The very best adjuster" he says, "is a medical man with knowledge of negligence law," to which we say, amen. Here is a new and proper field for rightly qualified doctors.

PERTINENT PROTEST AGAINST OVERSTUDY, especially night and other overtime study, is made by the mothers of Joplin, Missouri. Such timely protest should go out from the mothers of the entire country. Pedagogy should abandon its craze for cramming juvenile brains with too many abstract facts to the hurt of the brain's neurone buoyancy and power of rebound. It should adjust study time and fact imparting to normal psychophysiological capacity of fact receptivity and vigorous mental digestion.

The need of our day is well appropriated utilitarian knowledge and adequate brain power therewith for the strenuous battle of life, personal, financial and political activity now on, for the American people. When a sounder physiological psychology should become an essential part of pedagogy the brains of your children will be better, because more strongly built and less damaged in the building than under present destructive teaching and study methods. Brain power, rightly developed and efficiency to use, not mere capacity to receive knowledge, should be the true aim of education.

IF LOWER CEILINGS AND PATENT FIXTURES for living rooms appeal much further to the space-contracting and space-occupying passion and ingenuity of architects, furniture designers and builders, the human lungs will have soon to fight for necessary air space in which to live with beds in dining room, kitchen ranges in bed room or both, and movable dressers and escritaires in closets, leaves only one more economy space contrivance to be provided, and that is the introduction of compressed oxygen devices

for the ready remedy of asphyxia with perhaps an automatic physician's call contrived to work as the air gets below the life-sustaining point during sleep.

REMARKABLE PUBLIC PRESS STATEMENT.—A special correspondent of the St. Louis Globe-Democrat, May 28th ult., sends out the following remarkable statement anent the recent Norman, Oklahoma, Insane Asylum fire:

“When the fire broke out the patients were left unattended and scattered all over obtaining large quantities of aconitine and digitaline by means of forged prescriptions.”

Pending the investigation of the packers of beef, it might be well to supervise the Ananias' of the press and confine them to fact.

HOSPITAL PROVISION FOR THE INSANE AND DELIRIOUS.—This feature is generally overlooked in the construction of general hospitals, hence the frequent accidents from window jumping, hanging from transoms, strangling from bed posts, cutting of arteries by broken glass, etc.

It is easy to make rooms and wards safe in these regards.

MISSOURI'S NEW PRISON HOSPITAL should provide for insanity among the criminals by a safe and separate building for the insane and epileptics during their paroxysm. Many prisoners are insane or epileptic who have not been committed as such, and some become insane after conviction. The hospital for the non-criminal insane is no place for them, and it is wrong to commit a criminal insane person to the state asylum.

A NEGRO SAVED FROM MOB BECOMES INSANE.—Munroe Talvers, the negro who, after being found under the bed of a white woman last May, was strung up by a mob at Rosedale, Kan., near Kansas City, Mo., and cut down by the police before he strangled, became violently insane as a result of the fright and strangulation. He was unconscious an hour or more after he was rescued and the rope removed from his neck.

AN AMERICAN INSTITUTE FOR PSYCHOLOGICAL RESEARCH IS PROJECTED FOR AMERICA on the plan of the Institute General Psychologique of Paris.

Dr. D. H. Hyslop, late of Columbia University, will be the leading spirit in the undertaking. According to Dr. Hyslop, the trustees of the new institute will include Rev. Dr. Minot J. Savage, Rev. Heber Newton and Prof. Puttnam of Harvard.

It is proposed to investigate along "remedial lines," as well as toward psychic discovery, including inebriates, somnambulists, double personals, etc., the blind, the deaf, the dumb and the insane.

OKLAHOMA INSANE ASYLUM BURNED.—The asylum for the insane, Norman, Oklahoma, caught fire from the laundry, May eighteenth, destroying the boiler-room and laundry and damaging the hospital wards to the amount of about \$7,000, leaving the institution without any water supply.

THE MORO IMMOLATION PSYCHOLOGICALLY CONSIDERED.—From a psychological standpoint it would be interesting and might serve the government of the United States a useful purpose if the real animus of the desperate and so called fanatic Moro resistance to our soldiers, which amounted to an immolation in the volcanic crater of Sulu Islands, could be ascertained through calm, patient investigation, looking at their sacrifices of their women and children, hurling babes at soldiers with bayonets, making breastworks of their daughters and Amazon women fighting, killing and dying with death-courting desperation, with wounded Moros feigning death for a last chance to kill the white flag and red cross bearing relief squads after the battle was over.

There is something in relation to that Jolo volcano fight on the part of the Moros more than desperate, dramatic and fanatic, something suggestive of delusion and insanity which the medical department of the army, if equally accustomed to psychological as to surgical thought and resource might better comprehend, under right investi-

gation, for the good of the government and the subsequent betterment of the savage Moros themselves. A psychiatric army of the American military might find something to engage its attention in cases like the one we are now considering, as well as in other exigencies of the service.

Why did the Moros go into that crater with their wives and children? Why did not the government besiege them at a safe distance, starve them, offer them surrender and wait for them to come out and explain themselves. The government had them corralled and General Wood in command with his medical mind, had then an opportunity for the study of psychology and psychiatry of Moro fanaticism. Of course we expect to be answered as the military answered the Indian question in the United States, viz: The best psychiatry for the Moro is the gatling gun and the bayonet—the best treatment is to kill them. But there may be a better way to treat with a chance of understanding them better, since the United States has an overwhelming force and did not need the wholesale slaughter for self-preservation. The Moros were safely self-imprisoned and, if kept there under patient watching and waiting, a better and more enlightening result to us might have followed.

We have waited for the sober second thought to come to us, "after the smoke of battle has cleared away" and passion has become abeyant, before speaking.

The government had then and there a chance to safely learn something it has not learned yet about these Moros. Even savage mothers, as well as fathers, throwing their own babies at soldiers before attacking, is a spectacle suggestive of an inquiry de lunatic. They may only be outlaws, but why did they go into that crater and court certain destruction, concentrating there with their all for a sure chance of certain death and vengeance.

INSTANCES OF PSYCHIC CAUSE BLINDNESS acting through vasomotor disturbance, as in the well established *Selinblindheit* of hysterical and other emotional mental disturbance with psychic shock, and quite as frequent as

the recoveries recorded of this sort of functional transient blindness attributed to the miraculous power, such as the neurasthenic cult yclept Christian Science healing. The former juryman of an Indiana grand jury, listening some years ago to the harrowing details of crime, is reported to have been suddenly stricken blind from the shocking revelations. Men and women have been struck dumb by profound mental shock, why not cured of functional ailments, as they certainly are, though temporarily more often than permanently, by profound and confident psychic impression?

Witnessing the dedication of the Christian Science Temple at Boston, reading the soul cure texts and the seeress' many comments on the wall, and looking at the numerous neurasthenic women, once socially or domestically overstrained, with their well-to-do husbands, wearing a satisfied look as of those having found rest, diversion and panacea for the ills of overwrought minds, reminding one of the possible beams of satisfaction that must have appeared on the faces of those ancient Greek Christians abiding in the once living but now ruined and excavated city of St. Menas which the Archeologist Karl Kaufmann lately brought to light, where among the ruins, baths and cisterns a Greek inscription advertises a probably proprietary or patent medicinal water thus: Take Menas' Glorious Water and pain departs."

THE NATIONAL DRUGGIST sends out a very unkind, unfair and uncomplimentary pamphlet reprint entitled "The Legislative Schemes of the American Medical Association" in which it characterizes the Association as engaged in "a conspiracy to establish a physicians' trust" and objects strenuously and unreasonably to the effort of the A. M. A. to accomplish through right political endeavor the suppression of murderous forms of quackery and indefinite and misleading proprietary medicine advertisements.

The spirit of this pamphlet is bad and its dissemination unwise for the proprietary interests which, when and where rightly and honestly conducted need fear nothing from the medical profession. Efforts at the suppression of medical

deception and quackery in general, whether displayed in patent or proprietary products or in false, deceptive, real relief deferring systems of practice. It objects to a bureau of medical legislation and to other proposed measures for the protection of the profession's interests and the security of the people's health, all of which every well wisher of the medical profession should support and approve, including all honest proprietaries who have been built up through the support of doctors of medicine.

COLLIERS' WEEKLY continues its meritorious exposures of fake medicine business and fraudulent doctors, and has included the murderous ice trust in its list of arraignments in the public interest. It should now go for the dirty ice man who drags his blocks of ice over the tubercle infected and caprolic pavement into the people's houses, and suggest to the thoughtless people the providing of clean roller-supplied boards for receiving ice in transit from wagon to house.

SELECTIONS.

CLINICAL NEUROLOGY.

BAROMETRIC NEUROSES.—The weather is the most commonplace topic of casual conversation. All people (and other animals) are affected more or less by changes of the weather. Neuralgic, neuritic, lithemic and rheumatic pains show exacerbations then. Many persons can, by their depressed and painful feelings, foretell a storm as accurately as the meteorologist. A weak vasomotor mechanism and lack of arterial resilience strongly predispose to barometric neuroses.

The total atmospheric pressure on the surface of the average male adult at sea-level is about 23 tons, varying a ton either way. The accumulation of water vapor (density, 9) in the air (density, 14.44 at sea-level) lessens the pressure and causes the mercury to fall in the barometer. Along with this phenomenon, contrary winds (usually colder and heavier) from varying quarters rush down the gradient and produce condensation and precipitation of the moisture in the air, which are also favored by the adiabatic cooling by expansion of the warmer local air as it is displaced and rises.

Lowering of atmospheric pressure, as before a storm within a radius of 200 or 300 miles, tends to passive congestion of the periphery, and hence to nerves complaining of the want of pure, fresh blood. Languor, headache, drowsiness and other central symptoms are accounted for similarly. Besides this chief factor of barometric change, hygroscopic variations in the tissues, oxygen and temperature variations and the depressing effect of the negative

atmospheric electricity of cloudy weather, are to be taken into account.

Altogether, it is quite proper that people, when they meet, should chat about the weather, for, next to diet and occupation, nothing so generally affects the physical and the mental condition. Excessive susceptibility to atmospheric phenomena can be overcome by cold saline sponge baths and by other "toughening" measures which tone up the vasomotor system and augment the antibodies in the blood.—*Denver Medical Times*.

TWO UNUSUAL EPILEPTIC HISTORIES.—Smith Ely Jelliffe reports in *Medical Record* a girl ten years of age, who until she was eighteen months old was perfectly well and normal. Otitis media developed, a moderate purulent appearing from ear on second day. The pain and local symptoms subsiding, the child was taken out of bed. It was then found that she was paralyzed on the left side and epileptic phenomena developed. The general condition of this child has greatly improved, including a gain in weight of twenty-five pounds. She is mentally changed, being as bright as the average child of her age. About a year and a half ago examination by the writer showed a small cicatrix on the right drum membrane. He thinks it not improbable that the otitis was followed by the development of an abscess, the paralysis and epileptic phenomena being due to pressure or partial destruction. He believes also that the recovery, if such it proves to be, may be attributed to the rupture of a secondary cyst and the relief of pressure. The second patient had always had fairly good health until an attack of santonin poison. This accident offers a plausible explanation of the convulsive seizures, the amblyopia, and the nephritis which followed. The author states that the relation of santonin to naphthalene suggests the type of pathologic change that occurred in this child's nervous tissues. He has little doubt that the seizures from which this child suffered were distinctly epileptic.

Brief contributions to Clinical Neurology in the *Denver Medical Times* and *Utah Medical Journal*, are the following:

SUDDEN STARTING FROM SLEEP.—This is noted, says Butler, in neurasthenic fatigue, dyspepsia, fever, dentition, worms, meningitis, joint diseases, broken cardiac compensation, delirium tremens and cerebral embolism.

CARDIOPATHIC INSOMNIA.—The patient falls asleep readily, but wakes suddenly in a short time, usually with fear and palpitation. By the way of treatment Sawyer advises free evacuation of the bowels and moderation in diet, particularly in the last meal of the day. In obstinate cases bromids, with full doses of hops or henbane, may be given with good effect. Of course the treatment of the underlying condition is the chief indication.

TREATMENT OF INCREASED BLOOD PRESSURE IN ARTERIOSCLEROSIS.—Resume: 1. The increase in blood pressure in arteriosclerosis may be of compensatory nature, in the sense of assisting the organism to do battle with the underlying cause of the arterial disease.

2. If increased pressure is not present it should be encouraged: CO₂ baths not above 30 degrees.

3. If there is medium increase in pressure, potassium iodide in gradually increasing dose, to diminish the viscosity of the blood, is indicated.

4. If the pressure is excessive, small and repeated blood letting in connection with potassium iodide diminishes the danger of arterial rupture. (Erlenmeyer, in *Deutsche Medizinische Wochenschrift*, No. 7, 1906.)

THE PANCREAS AND DIABETES.—Cells of the pancreatic acini in addition to the external secretion produce a substance controlling carbohydrate metabolism. The islands are formed from the parenchyma cells and gradually lose their connection with the external secretion. They produce the internal secretion, for which they are so well adapted through their capillaries. In diabetes there is impairment, but the impairment of function of the islands is of the greater importance. The new formation of the cell islands represents a regenerative process of the highest order. In part of the cases arteriosclerosis of the capillaries of the cell islands appeared at the bottom of the process.—*Herxheimer, in Munich Mediz-Woch.*

NEURODIAGNOSIS.

NASOPHARYNGEAL SECRETIONS.—The normal nasal secretion is a thin, saline, alkaline mucus. Like the saliva, it contains rhodan, reacting red to ferric chlorid paper. The unusual presence of cerebrospinal fluid (fracture, necrosis, cerebral tumor) is shown by a reducting action on alkaline copper solutions. Coryza is characterized by thick, tenacious, opaque mucus, which has an elastic feel when pressed under a cover-glass and shows microscopically the so-called snail-shell spirals. The more chronic the catarrhal condition, the more leucocytes are to be observed. Red blood cells are found in all acute inflammatory states. Cilated epithelia and pavement cells are seen in large numbers in the hawked sputum of nasopharyngitis. The raspberry-like sputum of hysteria, simulating hemoptysis, contains a great many squamous epithelial cells. Chronic lymphoid troubles, as in the facial and laryngeal tonsils, frequently exhibit with the microscopic plugs (offensive) of cheesy matter interspersed with fat drops. Pus from one nostril is suggestive of accessory sinus disease; or, in children, of a foreign body. When mixed with blood and shreds, one may reasonably suspect syphilis or diphtheria.

A variety of bacteria are found in the nasopharyngeal secretions—diphtheria bacilli most important pathogenically—the pneumococci frequently even in health—pyogenic germs *pari passu* with the leucocytes. In ozena Friedlander's pneumobacillus is said to abound. Tubercle bacilli usually represent tubercular ulcers of the upper respiratory tract, but may rarely be present from inhalation. Infection in cerebrospinal meningitis nearly always occurs through the nose. The diplococcus intracellularis meningitidis takes anilin stains readily and resembles in size, form, location and Gram decoloration the gonococcus, but is distinguished from the latter by growing readily on the ordinary culture media. Neither of these microbes should be confounded with the large encapsulated diplococcus said to be characteristic (Lowenberg) of simple coryza. The bacillus and

spirillum of Vincent are found in ulcermembranous sore throat. Charcot-Leyden crystals may be observed in the nasal as well as the *bronchial secretion of asthmatic subjects*.—*Dr. Hawkins, Editorial in Denver Medical Times.*

NEUROTHERAPY.

SPINAL ANAESTHESIA BY MAGNESIUM SULPHATE.—Referring first to the already published work of Meltzer and Auer on the anaesthetic action of magnesium salts, (H. A. Haubold and S. J. Meltzer, *Journal A. M. A.*, March 3rd), relate the histories of seven cases in which magnesium sulphate was employed, in solution, by intraspinal injection to produce surgical anaesthesia. Though the doses used were smaller than those used with safety in monkeys, they found magnesium sulphate in intraspinal injection as efficient an anaesthetic in man as it had been found to be in animals. Even so small a dose as 1 c. c. of the 25 per cent solution to 25 pounds body weight is capable of causing complete anaesthesia and paralysis of the lower part of the body, though not until two or three hours after the injection. In the case in which the largest dose, 18 c. c. was used the leg was operated on under complete local anaesthesia 45 minutes after the injection and about three hours later a deep general anaesthesia set in and lasted for many hours. In all cases, a rise of temperature was produced, but it was perfectly benign and disappeared in from thirty-six to forty-eight hours. The pulse was always of good quality. Vomiting occurred in most cases, but as a rule postoperative vomiting and only the characteristics of regurgitation (no contraction of the abdominal muscles.) Urinary retention lasting from twenty-four to forty-eight hours occurred in most cases, and the bowels also had to be assisted by enemata. Washing of the spinal column by withdrawal of a few c. c. of the intraspinal fluid and injecting an equal amount of sterile salt solution, seemed to prevent after-effects. The author says: "As far as seven cases permit

any conclusions, the following statements may be made: Intraspinal injection of magnesium sulphate is capable of producing anaesthesia, and, if carried out with caution, seems to be a safe anaesthetic. The following plan would seem the best, at least for the present: To inject about 1 c. c. of a 25 per cent. solution of magnesium sulphate for every 18 or 20 pounds of body weight and wait about two hours. It is probable by that time the analgesia will be sufficiently advanced to permit the performance of an operation on any part of the lower half of the body. A small dose of chloroform, however, should be administered to divert the patient's attention and to hasten and complete the anaesthesia. Immediate washing of the spinal canal should follow the operation in all cases." Further experience will be needed before it is possible to say whether or not the method will serve for general anesthesia in operations on the upper half of the body. The necessity of having the salt chemically pure and the solutions sterile is self-evident.—*Weekly Medical Review*.

THE THERAPEUTIC VALUE OF MASTICATION.—It has long been recognized that the oral cavity constitutes an important factor in the physiology of digestion, and this importance is increased by the knowledge now so universally prevalent, that many chronic diseases are directly dependent upon autointoxication originating in the intestinal tract. The part which the mouth and its accessory structures play in digestion is in fact of equal value with that assumed by the remaining portions of the alimentary canal, and this is of particular significance because it is here that the only part of the process resides which is under voluntary control. The oral cavity is concerned with the mechanical disintegration of the food, it regulates the temperature of the latter and provides an admixture of saliva which, aside from its lubricating functions, affords a means by which the organs of taste be excited and the digestion of the carbohydrates begun. Pavlov has pointed out, the sensation of palatability conveyed by this means has an important psychical effect on the secretion of the

gastric juice and, in addition, the peripheral stimulation of the gustatory nerve increases the potential energy of the entire nervous system. Monteouis and Pascalt (*Journal des Practiciens*, No. 3, 1906.), following Fletcher and Chittenden in their modification of Cornaro's practice, believe that this knowledge can be made of great practical value in the treatment of certain diseased conditions. Thorough mastication it is quite evident will serve to make even small quantities of food more efficient and sustaining. In addition to this, the assimilation of otherwise indigestible material is favored and the remaining portions of the alimentary tract are relieved of a certain amount of labor. Systematic mastication, therefore, they regard as of particular value in dyspepsia and autointoxication; anthritis and neurasthenias of various types, which are believed to depend on the latter, will consequently be especially benefitted. Even when the diet is limited to fluids, the suggestion also holds good in a way, for in this case it is advised that the nutriment be taken in small quantities at a time, in order to gain the same advantages in the way of gradual introduction into the stomach and mixture with saliva would otherwise be produced by the acts of chewing.—*Medical Record*.

HORSE NETTLE FOR EPILEPSY.—*Solanum Carolinense*, or horse nettle, nat. ord. solanaceae has been used for a number of years by the negroes in the Southern States, in the treatment of epilepsy, and with excellent results, as has been confirmed by a number of observers. They gathered the roots and the fruit, or berries, and steeped them in whisky, thus dissolving out their active constituents.

Quantitative chemical analyses were made of the various parts of the plant, with the following results: All parts of the plant were found to contain two alkaloidal constituents termed solanine and solanidine, combined with an organic acid called solanic acid. The fruit yielded the largest amount of alkaloidal constituents, then the root, leaves and stems in the order of their activity.

Pharmaceutical investigation showed the best preparations to be the fluid or solid extracts of the drug, as they contain the least amount of alcohol, and are concentrated and permanent, the pressure of alcohol being particularly objectionable in epileptic conditions.

Microscopical examination of stained sections of the various parts of the drug showed the presence of starch, tannin, calcium oxalate, musilaginous matter, resin and fixed oil in addition to the usual structural constituents. For drawings illustrating these see *American Journal of Pharmacy*, vol. 19, No. 2, article on Solanum by the author.

Solanum may be classified as anodyne, an antispasmodic, also a valuable and active diuretic. It is efficient in controlling epileptic convulsions, attending painful menstruation, also epileptic attacks associated with imperfect development, chorea and puerperal eclampsia.

In order to obtain satisfactory results, the drug should be carried, by gradually increasing dosage, to its full constitutional effect, which is indicated by drowsiness and stupor, then reduce the dose. It appears to restore the want of equilibrium between the gray and white matter of the spinal cord, and it does not affect the epigastrium like the bromides. Sometimes the best results can be obtained by administering solanum in combination with the bromides, and again by giving the two drugs for certain periods, alternately. Solanum is a poison to the terminal motor plates, it narcotizes the medulla and spinal cord, causing paralysis of the terminal sensory and motor nerves. By reason of this, solanum is to be classified among the best of analgesics. It may be prescribed in large doses without danger, and there is no danger of an accumulative action. It does not cause congestion of the brain, even in the aged and probably a like freedom exists in children. Solanum depresses the respiration, has little or no effect on the circulation, depresses the cerebrum and stimulates the cord. The reaction to acids is lost before tactile sense, and the same may be said of heat.

Clinical investigation.—In order to confirm the reports of various observers as to the efficiency of this drug in the treatment of epilepsy, a series of clinical investigations have been carried out in four Philadelphia hospitals, the drug being tried in about 25 cases of epilepsy, in its various forms, and the results have been very encouraging, about two-thirds of the cases being decidedly improved, and some apparently cured. For detailed results see *The Philadelphia Medical Journal*, issued May 3, 1902, article by the author.

The following conclusions are reached as the result of the above clinical investigation:

1. It is of greatest value (probably better than any one known remedy) in grand mal of idiopathic type without hereditary taint, and where the disease has begun beyond the age of childhood.

2. It is perhaps next of greatest value in hysteroepilepsy with marked convulsive seizures. In cases of petit mal the drug does not seem to do the great good that we have noted in the major type of the disease.

3. In cases of well advanced epilepsy of any type in which there is degeneration of the cerebral neuron, the drug will act specifically for a time, even better than the bromides, but it will finally be determined that the bromide salts will ultimately control the attacks better in these cases.

4. The foregoing clinical study has brought out sufficient clinical evidence to warrant the statement that the inherent advantage of vegetable depresso-motors is great as compared with any mineral salt given with the same intent since destruction of the blood corpuscles by the latter is a most detrimental feature towards lessening the resistance of the individual in a disease, where, above all, the constitutional tonicity should be favored as ideal treatment.

5. A thorough impregnation of the nerve cells can alone be had, and therefore cure hoped for in epilepsy, in proportion as solanum is pushed to the fullest physiological dosage, and maintained through periods of months, a year not being too short a time to warrant its discontinuance.

6. The fluid extract of the drug made freshly is the ideal form of pharmaceutical preparation, given in ascending doses, commencing with one fluid drachm, and increasing to the full constitutional effect. It is to be decidedly preferred to the bromides in those cases in which it can be used advantageously, because no toxic symptoms follow its free administration, and the mental faculties are not impaired by its use. *Medical Progress.*

TREATMENT OF GRAVES' DISEASE.—In the *Canadian Practitioner and Review* for July, R. D. Rudolf writes upon the medical treatment, and C. B. Shuttleworth upon the surgical treatment of exophthalmic goitre. In the *Annals of Surgery* for July is an article on "Thyroidectomy for Exophthalmic Goitre," by Hartley.

Rudolf recommends physical, mental and emotional rest, preferably in bed; cases do better under hospital or sanatorium regime; residence at a moderate elevation seems to be beneficial; belladonna tincture, 15 minims t. i. d. with bromide of strontium is the best drug therapy. Other symptoms must be met as they arise. With the best management the majority of patients improve: a few recover; a few get worse. Death is usually due to intercurrent affection.

Hartley reviews recent literature on surgical treatment, describes 15 thyroidectomies of his own, and concludes that surgery offers brilliant results in this field, and that excision of the thyroid is preferable to resection of the cervical sympathetic nerve. Percentage of cures is 71, improved 9.6 per cent., unimproved 6.4 per cent., mortality 12.6 per cent. The reputed dangers of operation from the anaesthetic and acute thyroidism are largely eliminated by employing a skilled anaesthetist, and rapidity in operating with a minimum of traumatism.

Shuttleworth reaches practically the same conclusions with Hartley, and believes that surgery holds out the greatest promise of cure.—*Detroit Medical Journal.*

UNPLEASANT EFFECTS OF VERONAL.—Abstracting an article by Kress, in one of the German journals, the

British Medical Journal (November 2, 1905) says that Kress finds veronal to have many disadvantages, including sickness and delirium, rash, giddiness, headaches, sweatings, collapse, motor restlessness, orthotonus and tetanic twitchings, cumulative action and prolonged sleeplessness, comatose condition, and in one instance death. Seemingly the drug had been used continuously in cases showing the more markedly unfavorable symptoms.—*Maritime News*.

NEUROPHYSIOLOGY.

DO CENTRAL TRACTS OF THE NERVOUS SYSTEM REGENERATE?—L. Pierce Clark submits the following conclusions in answer to the query of his paper: (1) Animal experiments fail to provide conclusive data that central tracts of the nervous system ever regenerate so that the former function is restored. In warm-blooded animals, and in the human species in particular, an abortive attempt on the part of the cord to regenerate is largely if not solely confined to fibers of undoubted peripheral type. (2) Histological analysis of cases of hemisection, compression paraplegia, and myelitis, and the like destructive lesions of the cord fail to show positive evidence that actual structural regeneration of axis cylinders ever occurs in the central nerve tracts of the human spinal cord. In case of complete division of the brain and spinal tracts there is simply degeneration, followed by sclerosis. (3) A most acceptable reason for nonregeneration of such tracts is shown in that the compressed nerve fibers do not possess a neurilemma sheath, from which nerve regeneration mainly if not solely occurs. This lack in cord and brain tracts, in contrast to the regenerating peripheral nerves, is due possibly to a difference of embryological origin for these two structures of the nervous system. (4) The cases cited by Stewart and Hart (quoted in the paper) for cord regeneration either do not fulfill the conditions of test, being merely hemisections,

or, the evidences for regeneration are not definite or convincing. The two suture cases reported by Stewart and Hart and Fowler are good illustrations of this type. (5) In cases of complete transverse division of the cord there is no sufficient justification either from experimental or clinical data to warrant suture of the spinal cord in an attempt to cure the defect.—*New York Medical Journal*.

A REVIEW OF THE END RESULTS IN CASES OF EXOPHTHALMIC GOITER TREATED SURGICALLY.—T. W. Huntington reports nine cases. Eight of the patients are still living. An analysis from the standpoint of end results has brought out the following facts: Exophthalmus was present in seven cases. At the present time it is absent in four, and notably lessened in three. The average duration of the disease prior to operation in the first series was eleven months, in the second twenty-eight months. Hence, it may be inferred that permanent deformity from this cause may be expected in long-standing cases. Tachycardia disappeared after a few weeks in every case. The same statement may be made in reference to abdominal psychic manifestations, undue excitability and associated nervous phenomena. Recurrence of thyroid hypertrophy was noted in one case necessitating a third operation thirty months after the second. It may be that a more radical removal of the right lobe originally would have obviated the final procedure. Re-establishment of normal structural conditions as manifest in muscle repair, increase in weight and strength, and resumption of normal blood conditions has been uniformly slow. While in each case progressive improvement in these respects has been noted, two patients have been disabled to such an extent that they will never regain their wonted standard of health.

LOCALIZATION OF THE MOTOR FUNCTIONS IN THE SPINAL CORD.—The theories concerning spinal localization generally accepted to-day give each muscle and muscle group a definite centre, that is, a special collection of ganglion cells from which all the movements of this

muscle are innervated. M. Lapinsky, *Deutsche Zeit für Nervenheilkunde*, considers this fundamentally wrong, as there are no ganglion cells which do not normally communicate with their neighboring cells and therefore do not lose their independence as such. He says that the spinal centres govern the individual functions, and bases this statement upon the following facts: It is well known that individual ganglion cells are divided among a number of nerves, which supply muscles possessing different functions, and situated in different parts of the extremity; also that these nerves have large numbers of ganglion cells supplying them; thus muscles derive their nerve supply from a number of anterior roots, each one supplying not the whole muscle, but only a part of it; the ganglion cells in dividing themselves thus among a number of muscles always go to muscles serving the same function, even though being in different parts of the body, and that muscles, even though deriving their energy from different ganglion cells, get it always from ganglion cells supplying muscles having the same function. The nourishment of the muscle also depending upon the cells of the anterior horns, each centre must possess both motor and trophic functions. The existence of such spinal centres for a definite function facilitates the conception of the development of complicated skin reflexes. The fact that after an irritation of the foot all flexors of the leg are brought into action demonstrates that the flexor muscles of the thigh, pelvis and leg must be connected with one cell group of the anterior horns, and such a group possessing therefore one definite motor function, can exert it either voluntarily or reflexly. The impulses pass to the spinal centre, regulating the activity of the muscle needed for the movement. The acceptance of special centres in the spinal cord, each one to regulate a definite muscular accord, facilitates the understanding of how automatic movements are performed and explains the rapidity with which voluntary and reflex coordinate movements are performed. It also explains why a muscle in certain conditions will be able to perform some of its functions and not others, and why in muscular atrophy of spinal origin portions of different muscles of different segments only are affected.—*Ex. Excerpt.*

PSYCHIATRY.

DR. J. T. SEARCY in his contribution to primary, secondary and terminal dementia before the Boston meeting of the Medico-Psychological Association, exhibited the following table which will be of special service to the many readers of the *Alienist and Neurologist*, among general practitioners especially, who are seeking to secure a clear working knowledge of the graduations and variations of mental derangement. He classes all under the head of psychoses.

Erratic Types.

Neurasthenia.

Drink or Drug Habit.

Hysteria.

Paranoia.

Abnormal Immorality.

Weak—Perverse.

Excessive.

Worry,
Credulity,
Irascibility,
Eroticism,
Pugnacity,
Etc., etc.

Exaggerated Types.

Melancholia.

Recent,
Transitory,
Relapsing,
Recurrent,
Circular,
Chronic.

Phobia.

Myso (dirt)
Thanato—(death)
Astro—(lightning)
Patho—(disease)
Agora—(space)
Claustro—(shut-in)
Etc., etc.

Mania.

Recent,
Transitory,
Relapsing,
Recurrent,
Circular,
Chronic.

Deficient Types.

Amentia.

Idiocy,
Imbecility,
Feeble-mindedness.

Dementia.

Primary and Secondary.

Dazed, Stuporous,
Simple, Silly,
Dull, Confused,

Recent,
Transitory,
Relapsing,
Recurrent,
Chronic,
Terminal,
Senile,
Precocious.

STUDY OF PSYCHIATRY.—Although the German methods of organization may occasionally reflect the disadvantages of constitutional monarchy, the American methods may, if eternal vigilance is not exercised, assume the form of absolutism. If common-sense business methods, a sense of patriotism and a true feeling of democracy are guiding principles of those whose duties it shall be to organize the first university psychiatric clinic in America, the future of psychiatry will be bright. To one who seriously considers the national importance of these clinics, there can be little doubt that state authorities as well as private benefactors will soon make it possible to establish in the United States, under university control, a number of institutions whose purposes may be briefly summarized as follows: 1. The cure of many patients who now become hopelessly insane. 2. The instruction of medical students as well as practicing physicians in psychiatry, so that eventually there may be found in the community a greater number of men who are competent to advise whether an individual is capable of standing the mental strain imposed by special forms of education or is liable to endure the nervous strain of the environment in which the individual lives. 3. The possibility of keeping under observation a large number of individuals whose nervous system may, if occasion presents itself, become sources of danger to themselves or to the community. 4. The examination of cases in which the question of mental responsibility is under debate and a submission to courts of formal reports based on observation to supersede the hypothetical expert evidence that so frequently is a parody of justice. 5. The study of all problems whose ultimate solution will tend to a more comprehensive understanding of the functions of the brain, with a view to determining the most efficient methods of increasing the number of individuals in the nation who are capable of rational thought and action.—*Care of Insane and Study of Psychiatry by S. Paton, in Jour. N. and M. Diseases.*

THE VICIOUS INSANE.—"From that memorable day on which Pinel struck the manacles from the wrists of the

insane at the Becetre, the condition of this class of unfortunates has improved."—*Medical News*, Nov. 4, 1905.

The changes, however, have come very slowly, for the fettered hand in Pinel's time locked and barred windows were substituted. The incarceration in asylums is gradually being abolished and the "open door" is becoming popular. The principle of non-restraint is really a fundamental guide in the treatment of the insane at present.

Too many asylums have the "open door" in a very restricted sense; and the daily walk does not mitigate the injustice done toward harmless patients. The writer continues:

"The need for, and the effort to give a more enlightened and humane freedom to these patients, who in reality require no restraint whatever, has led many alienists to advocate special means of dealing with the vicious insane, those who from one motive or another are the mischief breeders in the asylum population, and many others.

"A recent and powerful suggestion along these lines comes from Serieux in *Revue de Psychiatrie et de Psychologie Experimentale* for July, 1905. In his review of this general subject Serieux advocates the establishment, not only of hospitals for insane criminals, *i. e.*, those becoming insane while serving sentence, but special hospitals for the dangerous class of insane to which should be transferred all those who have committed dangerous acts while insane, including those already committed to other hospitals, the insane criminals whose sentences have expired, the morally insane, born criminal, degenerates with dangerous tendencies and, in general, vicious insane of all classes."

There is a powerful tendency in modern hospitals to classify patients and assign them to special departments, and this very rational tendency is being worked out with the insane inmates of asylums; naturally, this must be regarded as a distinct advance. The vicious lunatic, therefore, would not be placed in the same hospital with the undisturbed patients, and the restraint necessary for the

former, need not be applied to the latter. The general open door for all insane alike is, of course, ridiculous. To have the insane with criminal tendencies constantly escaping is neither wise nor humane.—*Courier of Medicine, Editorial.*

NEUROPATHOLOGY.

NEURITIS OF THE ABDUCENS, ACCESSORY AND HYPOGLOSSUS CONSECUTIVE TO INFLUENZA.—M. Negro says after an attack of grippe there followed paralysis of the right abducens, with diplopia, lingual hemiatrophy, paralysis of the vocal cord, of the anterior pillar of the fauces of the right side, the uvula was unaffected as well as the constrictor of the pharynx; finally, there was paresis and atrophy of the right sterno-mastoid muscle. These accidents have persisted without change for twelve years, probably under the dependence of an encephalic polyneuritis.

The localization of the process attacking the vocal cord, the soft palate, the sternomastoid muscle, shows that the superior laryngeal nerve is not a branch of the pneumogastric nerve but of the accessory, and that, except the uvula, the innervation of the velum palati is furnished by the same nervous branch.—*Revue Hebdomaire de Laryngologie, etc.—Ex. N. E. Med. News.*

NEUROANATOMY.

THE SOLAR PLEXUS AND ATONIC DYSPEPSIA.—Soupalt (quoted in *New York Medical Journal*), holds that ordinary indigestion consists in the last analysis of gastric hyperesthesia, dependent on an irritable solar plexus. This corresponds with the fact that in such patients pain is caused by pressure over the epigastrium, not over the stomach itself. Sodium bicarbonate is said to owe its good effect in these cases to its power of allaying gastric hyperesthesia, and the same may be said of glycerin.

A BRIGHTER OUTLOOK FOR THE DOCTOR.—It could hardly be possible for the present campaign of education as to the effects of quack medicines, to fail to benefit the family physician. When leading popular journals refuse to carry quack advertising, and explain their reasons for so doing, regularly, month after month, in their editorial columns, it must necessarily prove an object-lesson to such of their readers as have been in the habit of buying medicines at the country grocery store for self-administration.

The campaign of education of the public as to the evils of self-medication with patent nostrums must inevitably benefit the general practitioner more than any other class of physicians. Obviously self-interest should lead him to manifest his appreciation of whatever may be going on for his benefit.—*Monthly Cyclop. Prac. Med.*

LESS TIPPLING THAN FORMERLY.—There are indications that the ability to become exhilarated by alcoholic stimulants is not looked upon by the up-to-date young men of the present generation as being anywhere near as smart as it was some time ago.

This is indicated by the fact that the consumption of whiskey, brandy, etc., is said to be falling off very materially, with little, if any increase in the sale of malt liquors.

As long as arguments against the use of alcoholics were based upon moral issues, that portion of society which has an ambition to be looked upon as "tough" was hard to convince; but now that it is demonstrated pretty plainly that the alcohol habit is about on the par with the morphine, cocaine and other dope habits, it does not seem to be near as brilliant an achievement to get boozed as formerly. This is certainly an argument in favor of continued education of the public as to the physical effect of these indulgences.

Another factor, however, which should not be lost sight of, seems to be the tendency to socially ostracise re-

tail liquor-dealers, and this to a considerable extent is said also to have been passed on to the wholesalers and manufacturers.

Whatever the great middle class of rightly-disposed people set out to do, politically, socially, morally or otherwise, they can accomplish. It now looks as though they were disposed to exercise their power. Families which formerly thought nothing of the use of beer, light wines, cider, etc., in the family circle, have now passed them practically under the taboo.—*Monthly Cyclop. Prac. Med.*

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

THE NATURAL LAWS OF SEXUAL LIFE, by Dr. Anton Nystrom, Stockholm, Sweden. Authorized translation from the third Swedish edition by Carl Sandzen, A.M., M. D. The Burton Company, Publishers.

In the author's preface we read: "Enlightened men and women have for some time past endeavored to spread knowledge of general hygienic conditions, but very little has been done *for education in sexual matters, and the sexual life*, which is fully as essential as the knowledge of digestion, diet, breathing, chemical constitution of air, etc." "Works have been purporting to cover this subject, but they usually have been lacking in scientific truth and purpose, far more so than books dealing with other biological questions."

These words are, so far as is within our knowledge, as true today as they were when written, hence we shall give our readers the benefit of our search of this work, for knowledge upon sexual hygiene.

We herewith quote some of the author's aphorisms:

The sexual act is a "craving which must be gratified."

The sexual embrace "is a habit or necessity."

"Sexual intercourse outside the married state not a vice, when it is the only way of gratifying a natural craving. It is often the only means of not becoming licentious or immoral, as it prevents masturbation or unnatural sexual actions, homo-sexual connections, etc.

"By unchastity, or 'immorality,' one should not understand anything else than aberrations in the sexual life, morbid or abnormal relations either between people or with animals."

"The unmarried who have sexual intercourse may be

chaste and love each other more devotedly and affectionately by the laws of nature than many who are married."

"For many men and women, who cannot marry for some reason or other, there is no other way than free marriage, especially if a man must choose between that and prostitution."

"The free marriage is, under many conditions, just as moral and legitimate, although its happiness is many times marred by tongues that injure the reputation of the mother and cause her suffering, unless she cares nothing for the world's judgment."

"If she has a child, as is often the case, her motherly love may give her new strength to work and fight life's struggle," otherwise, "Life is barren to the poor, deserted one, all nature is gloomy and dark, the sun does not shine as formerly, people appear different, all appears dark and gloomy. She does not know what to do, and thus mentally deranged, she ends her life and that of her child."

"The new Swedish law, which has "become more prudent and human," in the event of issue and suit is brought by the mother or guardian against its father "imposes upon him a fine of 100 crowns (\$26.50.)" [!]

"The time has also come to protect free marital unions, to abolish the name illegitimate children, and otherwise reform and humanize the entire sexual and marital relation."

To the regular, discriminating reader, comment is unnecessary, since he will readily recognize in these what the title indicates, viz: "The natural laws of sexual life" of beasts, certainly, nothing upon sexual hygiene for enlightened humanity, to whom the work is a travesty and insult.

To the ignorant and vicious it is dangerous, since by sophistry the author advocates fornication for ills which occur alike in the sexually abstinent, temperate and licentious.

While he correctly denounces prostitution, it is only on account of the danger of diseases, in lieu of which he advises "free marriage, notwithstanding he confesses it

usually leads to suicide of the mother after the murder of her child.

For that uncontrollable "sexual craving which must be gratified" (?), as well as for the many nervous ills which the author enumerates as "threatening" the sexually abstinent, one needs the services of a competent, conscientious neurologist to reconstruct the neurons and restore proper neural control and equipoise. It certainly does not call for even "acquiescence in vicious practices, by which," it has been well said, "aptitude for crime becomes established."

D. S. B.

THE SECTION OF NEUROLOGY, PSYCHIATRY AND CRIMINAL ANTHROPOLOGY of the Fifteenth International Congress lately held at Lisbon, from April 19th to the 26th, inclusive, was very interesting in the subjects presented, and in the eminence of the contributing members.

The officers of the section are entitled to great praise for most perfect arrangements, for the prompt publication of the proceedings of this section, and for the good care of the congressists attendant upon the section.

The first fascicule of the proceedings is in our possession through the courteous promptitude of the distinguished secretary, with the following list of contributors and titles of papers, for which we return thanks.

Grasset—*Physiopathologie de l'appareil medullaire sensitif.*

Hascovec—*Goitre exophthalmique.*

V. Machado—*Id.*

Simon—*Nature et evolution de la catatonie.*

Afranio Peixoto et Juliano Moreira—*La Paranoia legitime.*

Tschisch—*Demence precoce.*

Ferrier—*Nature et physiologie pathologique du tabes.*

Eulenberg—*Id.*

Mott—*Lesions cerebrales dans les psychoses d'origine toxique.*

Ballet et Laignet Lavastine—Id.

Van Hamel—Reforme penale au point la vue anthropologique et psychiatrique.

Sutherland—Prophylaxie et traitement des criminels recidivistes.

J. Morel—Id.

A COMPEND OF OPERATIVE GYNECOLOGY.—Based on lectures in the course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital. Delivered by William Seaman Bainbridge, M. D., and Harold D. Meeker, M. D., adjunct professor and instructor in Operative Gynecology on the Cadaver, both of the New York Post-Graduate Medical School and Hospital. 12mo cloth, 76 pages. Price \$1.00 net. The Grafton Press, Publishers, New York City.

A handy, helpful pocket guide for the operative gynecologist.

THE WORLD'S ANATOMISTS; CONCISE BIOGRAPHIES OF ANATOMIC MASTERS, from 300 B. C. to the present time, whose names have adorned the literature of the Medical Profession by G. W. H. Kemper, M. D., Professor of the History of Medicine in the Medical College of Indiana, Indianapolis, Ind.

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OFFICIAL MANUAL OF THE STATE OF MISSOURI 1905 and 1906. John E. Swanger, Secretary of State. A good manual of reference for those seeking political information, with a frontispiece of honest Joe Folk, the solitary democrat elected, surrounded by a background of honest, good looking republicans. These faces are all a credit to the State. There is no appearance of guile in them. They look as if they meant to "Go forth among men not mailed in scorn but in the armor of a pure intent."

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A MEDICAL PILGRIMAGE TO THE REPUBLIC OF PANAMA 1905, by Roland G. Curtin, M. D., and Samuel D. Risley, M. D., Philadelphia. Reprinted from the transactions of the American Climatological Association.

This entertaining description, especially of the now exceedingly interesting Panama Canal Zone and work by two gentlemen of veracity, observant descriptive capacity and ability, will entertain the reader from the title page to finis. The sanitary features of the canal problem being so intelligently presented from medical "Source of wisest censure" will particularly enlist the interest of medical men and it should engage the considerate attention of all concerned in this great work, engineers, canal commission, congress and people.

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•

described, it is with special and peculiar satisfaction that we read this captivating account of their pilgrimage.

We heartily concur with the gentlemen in their recommendations for a sea level canal in preference to the lock system now proposed and finally decided upon. For sanitary reasons alone the sea level would be better than a locked canal.

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A valuable illustrated contribution to the literature of imbecility and idiocy from a source of competent clinical observation.

Forest Preservation and National Prosperity. Portions of Addresses delivered at the American Forest Congress, Washington, January 2 to 6, 1905, by President Roosevelt, Ambassador Jusserand, Secretary Wilson, and others.

Some Pathology of the Morphine Habit and My Preferred Method of Treatment, by S. Grover Burnett, A. M., M. D., Kansas City, Mo.

"Some Dietetic Errors", a reply to an article by Dr. Woods Hutchinson, in McClure's Magazine, April, 1906, by Harry Ellington Brook.

The Practice of Forestry by Private Owners. By Henry S. Graves, Superintendent of Working Plans of the Division of Forestry.

The Agreement between Science and Religion. By Orlando J. Smith, Author of "Eternalism," "Balance," Etc.

A New and Physiologic Explanation of a Common Psychologic Phenomenon. F. Park Lewis, M. D., Buffalo, N. Y.

Forest Planting and Farm Management. By George L. Clothier, Assistant Forest Inspector, Forest Service.

A Study of the Hemoptysis of Cardiac Disease. By Roland G. Curtin, M. D., Philadelphia.

Forest Fires in the Adirondacks in 1903. By H. M. Suter, Agent, Bureau of Forestry.

Annual Address—Tripartite Mentality, by J. T. Searcy, M. D., Tuscaloosa, Alabama.

The Forest Service: What it is and How it Deals with Forest Problems.

A Primer of Forestry. By Clifford Pinchot, Forester.



PUBLISHER'S DEPARTMENT.

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THE NEW PHARMACOPOEIA.—The eighth decennial revision of the United States Pharmacopœia, which was due in 1900, became official on September 1, 1905. A number of articles considered obsolete have been dismissed, and nearly an equal number of new substances have been added. An effort has been made to bring tinctures to a uniform 10 per cent. strength, while drugs con-

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utation at its back, I use it more and more promiscuously today than ever before, and am always pleased with its results.—*Extract from an article on "Treatment of diabetes mellitus," by Dr. J. W. Pearce, of North Carolina, in Medical Brief.*

THE JOURNAL A. M. A. ON LIQUID MEDICINES VS. PILLS, TABLETS AND GRANULES.—Despite the activity of manufactures of ready made pills and tablets in flooding the market with all possible substitutes for tinctures, fluid extracts and solutions, it has been amply demonstrated that these solid forms of medicine cannot compare in efficiency or in usefulness with the equivalent preparations given in liquid form.—*Journal of the American Medical Association, June 23, 1906.*

ONE OF THE THINGS we have often said but that is well worth repetition is, that the treatment of the phthisical in summer is of the utmost importance; and that Hagee's Cordial of Cod Liver Oil is the hot season's representative of the fatty oil of the winter. This is more than a pleasant stomach tonic; it is something the wise doctor does not neglect.—*Am. Jour. of Clinical Med.*

Additional Reviews.

THE EYE AND NERVOUS SYSTEM. THEIR DIAGNOSTIC RELATIONS BY VARIOUS AUTHORS.—Edited by William Campbell Posey, A. B., M. D., Professor of Ophthalmology in the Philadelphia Polyclinic. Surgeon to the Wills Eye Hospital; Ophthalmologist to the Pennsylvania Epileptic Hospital and Colony Farm, and consulting Ophthalmologist to the State Hospital for the Insane at Norristown, and William G. Spiller, M. D., Professor of Neuropathology and Associate Professor of Neurology in the University of Pennsylvania; Clinical Professor of Nervous Diseases in the Womans' Medical College, of Pennsylvania; Professor of Nervous Diseases in the Philadelphia Polyclinic; President of the American Neurological

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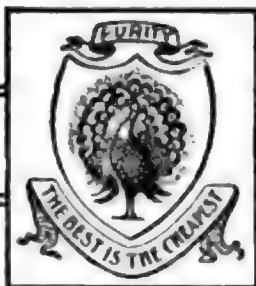
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This is one of the best of books placed before the profession by the well known publishing company above named. The well earned fame and distinguished repute of its editors, with their colleague contributors of distinction, should secure acceptance for it by every physician who aspires to keep abreast the advances in medicine.

The contributors, besides the editors, are: C. W. Burr, M. D., F. X. Dercum, M. D., Alexander Duane, M. D., C. H. Frazier, A. B., M. D., Howard F. Hansel, A. M., M. D., William Hirsch, M. D., Edward Jackson, A. M., M. D., J. Hendrie Lloyd, A. M., M. D., Charles K. Mills, M. D., William Campbell Posey, A. B. M. D., S. D. Risley, A. M., M. D., Ph. D., B. Sachs, M. D., Joseph Sailer, M. D., G. E. De Schweinitz, A. M., M. D., William G. Spiller, M. D., E. W. Taylor, M. D., G. L. Walton, M. D., John E. Weeks, M. D., T. H. Weisenburg, M. D., Casey A. Wood, C. M., M. D., D. C. L., H. V. Wurdemann, M. D.

The eye is the window of the brain and gives the neurodiagnostician and the general practitioner psychic light of great value concerning inter-cranial states, and as to conditions of the entire neuraxes and sympathetic conditions.

Sailer contributes a valuable chapter on tremors, reflexes and gaits, though he omits mention of the virile and some of the important facial, especially the ala nasi and anguli oral reflexes, as specially displayed in tic douloureux. The authors, especially Hansel, hold conservative and neurologically rational non-misleading views in regard to eye strain and nervous diseases, not usually putting the cart before the horse and making the tail wag the dog and ignoring the play of the brain under morbid conditions of that organ in the development and displays of eye changes of structure or function.

No attempt is made in this valuable book to prove that eye strain is the cause of locomotor ataxia or cancer of the womb, or any disease which may happen to appear synchronously "with a little astigmatism." But we can-

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References—Dr. Henry M. Hurd, Dr. Wm. Osler, Johns Hopkins Hospital, Baltimore, Md. Dr. Thomas A. Ashby, Dr. Francis T. Miles and Dr. Geo. Preston, Baltimore, Md. Dr. George H. Rohe, Sykesville, Md. Dr. Charles H. Hughes, St. Louis.

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not proceed farther. Let it suffice to state that every subject is of interest and value in the book as containing essential novel additions to, as well as reiterations of the best current neurological knowledge.

Walton's contribution, we may say, on Degeneracy (degeneration, constitutional defects, deviations) without disparaging any of the other excellent chapters and themes is especially timely and apropos to the title and scope of this book.

The illustrations are numerous, apropos, accurate and beautiful, and the entire ensemble of this volume, from frontispiece (plate A) to conclusion of its index are pleasing and commendable.

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THE
ALIENIST AND NEUROLOGIST.

VOL. XXVII. ST. LOUIS, NOVEMBER, 1906. No. 4.

COITUS INTERRUPTUS AND COITUS RE-
SERVATUS AS CAUSES OF PROFOUND
NEUROSES AND PSYCHOSES,

By DAVID S. BOOTH, M. D.,

St. Louis, Mo.

Neurologist to the Hospital Department of the Missouri Pacific and
St. Louis Iron Mountain Railways, Etc.

"Upon this promise did he raise his chin,
Like a di-dipper peering through a wave,
Who, being looked on, ducks as quickly in;
So offers he to give what she did crave,
But when her lips were ready for the pay,
He winks, and turns his lips another way."

* * * *

"That worse than Tantalus' is her annoy,
To embrace Elysium, and to lack her joy."

—*Shakespeare.*

OF the many and varied methods used for the prevention of conception, that of withdrawal of the male organ from the person of the female just prior to ejaculation, appears to be the most ancient for which we have author-

ity, as it is mentioned in the Bible, where, in the book of Genesis, written over 1700 years B. C., we read:

"And Judas said unto Onan,* go in unto thy brother's wife and marry her, and raise up seed to thy brother.

"And Onan knew that the seed should not be his, and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother.

"And the thing which he did displeased the Lord, wherefore He slew him."

The punishment impresses us with the enormity of the crime in the Divine eye.

During the centuries intervening between this incident and the present time, we have little evidence of the extent of the practice and not a great deal of exact knowledge as to its baneful effects upon the participants, particularly upon organs and tissues outside the regularly classified generative organs, though medical writers have ever considered all unnatural means of sexual gratification injurious and productive of many anomalous or unclassified nervous symptoms.

Under the various titles of "Conjugal Onanism," "Coitus Reservatus," "Coitus Interruptus," "Congressus Reservatus, *vel* Interruptus," and "Withdrawal," this subject has received more systematized study the past two decades, which has not only resulted in more exact knowledge of its effects upon both the male and female, but has disclosed the fact that this method of preventing conception is extensively practiced.§

L. Bolton Bangs writes† that "the extent to which this method is used and the ignorance of its effects, both by the laymen and medical men, are equally deplorable."

Robert W. Taylor‡ says, "this practice is mostly followed by well-to-do, refined and educated people and there is evidence that it is a rather widely spread custom."

*From whence the appellation, Conjugal Onanism.

†*The Southern Clinic*, June, 1892.

‡*Sexual Diseases*.

§Contraception is used generically for all means to prevent conception.

Another writer says, "it is alarmingly on the increase."

Lawyers experienced in divorce cases have informed me that applicants for divorce sometimes voluntarily confess to the practice, declaring the act does not afford relief to the overwrought feelings, on account of which other means of sexual gratification is often sought, the female sometimes resorting to homo-sexual practice.

"Affection is a coal that must be cool'd,
Else, suffered, it will set the heart on fire."

—*Shakespeare.*

Male and female often confess that the act leaves them unsatisfied, some asserting that it is followed by disgust and anger.

A fraternal brother from a distant state told me of a case coming under his care in which a wife confessed the practice and when pressed for a description of her feelings after the act, replied that the only way she knew how to express it, was that "she felt like she wanted to sneeze and couldn't."

Professor Eulenberg writes: "The natural energetic sexual act experiences from the beginning an essential artificial change. The attention directed toward the postponement and prevention of the natural intravaginal ejaculation introduces an altogether heterogeneous, arbitrary element in the process which necessarily retards and harms the proper working of the automatic reflex mechanism. The slower and less energetic friction, the weaker sexual feeling and the less complete and sudden dissolution of the sexual tension, prevent the occurrence of such complete reaction as results from the natural ejaculation, by which, on account of the necessary energetic muscular action, a sudden emptying of the engorged blood vessels of the genital apparatus results."

Dr. Alice B. Stockton, in a work entitled *Tokology* (*Tokos*, childbirth), the purport of which is to instruct mothers in the "ways and means of painless (?) child-births, digresses sufficiently to discuss the "ways and

means" of preventing conception (evidently, if efficient, a good way of insuring painless childbirth), comments upon our subject as follows:

"Many of the means used to prevent conception are injurious, and often lay the foundation for a train of physical ailments. Probably no one means is more serious in its results than the practice of withdrawal, or the discharge of semen external to the vagina."

In a later work, a "supplement" to *Tokology* (a "second thought," as it were), with the very expressive title, *Karezza*, which she explains is a foreign word signifying "to express affection in both words and actions," and which, the author states, "is the product of knowledge and experience" [sic], Dr. Stockton elucidates a theory of marital relations whereby intercourse is maintained without culmination,* or copulation without ejaculation—certainly a more disastrous practice than the one she previously condemned.

Mrs. Craddock† advises a method in which the husband, by mental control [aided until proficiency is attained, by pressure with the finger on the bulbous urethra], shall experience complete orgasm without the ejaculation of semen—surely a difficult feat, since it is recognized that emission under excitement becomes an involuntary act.

Neither of these practices can be followed by proper depletion of the sexual apparatus and relief to the nerve tension, so that, instead of the normal tranquility, sexual erethism results, with its consequent excessive indulgence which only adds fuel to the flame and completes a pernicious cycle of action and reaction which finally ends in a profound neurosis or psychosis.

"An oven that is stopp'd, or river stay'd,
Burneth more hotly, swelleth with more rage."

—*Shakespeare*.

Acton says it is dangerous for a man to excite himself and by his will habitually attempt to check emission.

*A method published elsewhere as Zugassent's Discovery.

†Right Marital Living.

Malchow* writes: "A congested condition of the generative organs causes emotion (which may be said to be restricted motion), restlessness, nervousness and excitability, while a depletion of the same relieves the tension, restores an equalized circulation and brings about a calm and tranquil ease."

Referring to the female, he says: "Instead of relaxation, with a body tingling under an invigorated and equalized circulation, her rest is disturbed by undue tension, her mind filled with reproaches and her senses disgusted, while outraged but kindly nature struggles to restore tranquility." "What she deems a sacrifice has failed to satisfy her consort, brought upon herself a loathing for the things she should cherish, and until her sex again asserts itself, she feels dissatisfied with life, considers herself a martyr and marriage a failure."

Malchow believes with others that there "is a far greater number of modern women who would be otherwise healthy, but who suffer from deprivation of physiological [as distinguished from "*pathological*," or unnatural] copulation, than those whose ailments have been attributed to so-called excessive indulgences."

"Many, very many, women are nervous and find but little real pleasure in life because of irregular and unnatural sexual practices.

Taylor† gives the following symptoms among those resulting from coitus reservatus; weakness, nervousness, irritability, unrest, dyspepsia and constipation, dull heavy sensation in the head, likened by many patients to the feelings experienced after alcoholic indulgence, insomnia, despondency, moroseness, melancholia and even monomania, failure of memory, sometimes impotency, numbness and paraesthesia, sense of constriction resembling girdle pain, and neuralgia of the testicle [and ovaries?] may occur."

Other symptoms are, "increased frequency of urination,

*The Sexual Life.

†Loco Citato.

with pain in the act, more or less constant state of genital erethism, producing desire for frequent coitus."

Nystrom* writes, "incomplete coitus, depending upon coitus interruptus or premature ejaculation of the man before orgasm takes place in the woman, causes sickness, disease and sexual irritability."

He then reports several cases demonstrating its effects upon the female, one, in which ejaculation habitually occurred before the wife felt an orgasm, which left her only sexually excited, so that she had repeatedly "been forced to gratify her desire by means of masturbation, which made her sad."

My suspicions both as to the existence of this practice and to its baneful influences in the neuroses, were aroused sometime before I was able to verify them, which was rather by accident in searching for a solution for two cases of anomalous spinal paralysis.

Once discovered, tactful investigation has convinced me that it is no rare factor in the causation of nervous diseases. Even when not confessed, we often have sufficient evidence to justify the presumption that our patient is addicted to the practice.

All practices which interfere with the normal ejaculation of semen within the unobstructed female organs of generation, are variably detrimental to both sexes, and in time, will lead to both local and general neuroses.

While the prevalent opinion appears to be that these practices are more detrimental to the male, there is little cause to doubt that if the sexual act is otherwise normally performed and participated in by both parties, the female is as frequently and profoundly affected as the male. It is my opinion that with normal ardor and participation, withdrawal, as well as the use of appliances, is more detrimental to the female.

A possible factor in the female is anxiety lest the method used has not proved effective and the fear that pregnancy may result, so that there occurs a periodical "ebb and flow" of emotion in cycles of twenty-eight to thirty days.

*The Natural Laws of Sexual Life—p. 160.

Under certain conditions or by practices, knowledge of which are not usually or generally known, the effect on the female might be mollified.

Naturally woman is slower than man in reaching a climax,* which is more or less under the influence of the will, so it may be possible for her to inhibit the orgasm, or under favorable conditions, *e. g.*, precipitate ejaculation, physical or mental perversion, disease in the male, etc., she may fail to become sexually excited.

However, proper initiative† on the part of the male, with the female mentally receptive through the irresistible impulses of love, will call forth such harmonious responses and excite such promptings as will cause her instinctively to "welcome the approach of sweet desire," and to create in her such ardor and eagerness as to make withdrawal improbable if not utterly impossible.

To moralize, discuss Malthusianism, or to consider either the desirability or practicability of the limitation of offspring, is foreign to our subject and the author's object, though we shall digress sufficiently to quote the opinion of Dr. Adam Clarke, the eminent commentator, who, writing upon the subject of conjugal onanism, said: "It is certainly one of the most destructive vices ever practiced by fallen man."

*Though this is the consensus of medical opinion, it does not seem rational or according to the manifest purposes of a beneficent Providence that the exercise of the highest and most sacred physiological process should be accompanied by such discord as would jeopardize health and happiness.

Incongruity, when present, must certainly result from some pathological condition, ignorance, design, physical or mental incompatibility, or the presence of some extraneous element. Much sexual disharmony may be rightly ascribed to matrimonial alliances for wealth, rank or social or business position to the exclusion of the spontaneous promptings of the heart—true affinity. It has been said, "There can be no passion without love—there can be no love without passion."

†Thus artfully depicted in beautiful metaphor by Venus in her passionate importunity to Adonis:

"Fondling, she saith, since I have hemm'd thee here,
Within the circuit of this ivory pale,
I'll be a park, and thou shalt be my deer;
Feed where thou wilt, on mountain or in dale,
Graze on my lips, and if those hills be dry,
Stray lower, where the pleasant fountains lie."

—*Shakespeare.*

Neither is it our object to destroy idols in order to construct others, as have some writers upon this subject, since it is certain that all methods and all contrivances which might possibly be effective, so interfere with the normal juxtaposition of the organs and so interrupt the natural spontaneous termination of the sexual act as to be injurious, and, if habitually practiced, will eventually lead to local or general disease, or both; hence are without the pale of legitimate professional consideration.

While it has been our aim to call attention to a few of the more vicious forms of incomplete sexual practices, and to give a brief resumé of the literature on the subject, our main object is to illustrate the profound effects conjugal onanism may have upon the nervous system by reporting the following cases which the author has briefly recorded. A confession to the practice of conjugal onanism for several years prior to the onset of the disease, was obtained in each case.

Case 1.—December 19, 1902. Male, stenographer and typewriter, aged 25, awakened one morning with pain in lumbar region of back, which increased until three or four days thereafter, when he experienced a soreness and stiffness in calves of legs, especially in the popliteal space. I had treated him some months previously for neurasthenia, from the symptoms of which he had been relieved and, considering himself well, had discontinued treatment some three or four months prior to onset of this attack.

Bowels constipated, bladder normal, legs feel stiff, walks by bringing heels down first, followed, after an unusually long interval, by the toes, and with legs separated.

The walk was a decided and marked symptom, so that I recognized his approach as soon as he stepped in the hall from the elevator, some distance away.

Could flex legs with difficulty, though could extend them with considerable force.

Pain on pressure over lumbar region of back and legs and especially over sciatic nerves.

Kernig's sign present; station normal, though motor ataxia present; walks as well with eyes closed as open.

No loss of pain, touch or temperature senses, and muscles and tendon senses normal.

Plantar reflex absent, though plantar surfaces of feet greatly hyperesthetic.

Achilles, gluteal, quadriceps, spermatic and abdominal reflexes exaggerated.

No cincture feeling or hyperesthetic zone, difficulty in ascending and descending stairs. Impotentia cœundi.

Sleep normal and appetite good. Twitching of muscles all over body; coldness of hands and feet. No apparent wasting, and normal electrical responses. Dynamometer—Right, 60: Left, 54.

December 26—Notices incoordination of hands—strikes wrong key of typewriter.

December 30—Improved. No pain when at rest; some pain in back upon bending forward. Walks better. Dynamometer—Right, 73: Left, 54.

Patient continued to improve and was discharged at the end of two months thoroughly restored.

Case 2—April 12, 1904. A young woman from distant state; married several years but had never been pregnant. Symptoms those of general neurasthenia, together with an aversion to her husband with whom she refused to live simply because she "did not love him any more." Said he was always kind, affectionate and attentive, but she would not live with a man she did not love. She had retained a lawyer to procure a divorce, prior to my first visit.

She did not believe she was ill and of course thought it unnecessary to take treatment; however, I persuaded her to undergo medical treatment by stating that she was "nervous and ill" and could not legally obtain a divorce until she was well, when, if she then so desired, I would aid her. She regained her health after several months' treatment, when she willingly returned to her husband and "they have lived happily ever since," in the true "love-story" style.

Case 3—August, 1905. Male, office clerk from distant state. Has flaccid motor paralysis of both legs.

Has suffered from insomnia and "tiredness" for sev-

eral months. A month ago felt numbness in both legs, worse in right, which gradually increased.

At present, numbness of all extremities; no anæsthesia, not even hypæsthesia. All reflexes below biceps reflex lost. Impotentia cœundi.

August 8—Plantar and cremasteric reflexes returned, after which there was a gradual but steady improvement until he was able to walk, returning home after three months, though he was under treatment for some time thereafter for general neurasthenic symptoms. He was troubled with various "aches" and paræsthesiæ for some months after he otherwise felt well.

All these cases confessed that congresses interruptus had been practiced for several years without the least suspicion of its harmfulness, and in the absence of other probable cause following a searching investigation, we are certainly justified in concluding that they were the direct result of this practice.

It would have been instructive to learn what, if any, effect the practice had wrought upon their consorts, but prudence forbade such an investigation.

Linmar Building.

THE NON-REASON FOUNDED PHOBIAS OF NEURASTHENIA.*

BY CHARLES H. HUGHES, M. D.

Member of the American and Honorary Member British Medico-psychological
Association and Other Medical Societies.

IT ought to appear plain from what has been said in previous contributions by the author, that the phobias of the psychoneurasthenic are not normal fears based, as normal or natural fears are, on some reasonably justifying experience. A reasonable or justifiable and normal fear of lightning might arise after the experience of having been at some time in a house or close by a person or object struck by lightning. Other fears, such as the fear of horseback riding, or in a buggy or carriage after having been thrown or hurt in a runaway, or the fear of a voyage at sea or railway after a thrilling and frightful shipwreck or railway accident, is a more or less natural and reasonable fear, as the fear of hoodoos and ghosts are among the superstitious or to those accustomed to ghost stories, ghost frights jokingly perpetrated and traditions of goblin visitations, etc., and Kuklux Klans as among the Southern United States negroes. These fears do not require neurasthenic brains for their lodgement or entertaining, though the weakened brain may be more vividly impressed and markedly swayed by them.

It is the fear uncommon and unnatural to which comes with brain exhaustion that constitutes a true phobic symptom of psychoneurasthenia.

For instance, a man accustomed to shave himself be-

*Conclusion of the subject Psychoencephalonasthenia, Etc.

gins to fear to do so even with a safety razor* and a woman, most astonishingly of all, finds herself seized with an uncontrollable dread of looking at herself or her dress in the mirror, though she would like ever so much to see herself reflected there. (One would as soon expect a woman to be afraid of a picture hat or fear a man.) The man with an unaccountable dread of going to a barber to be shaved, has no fear of the razor when used by himself, and does not fear barbers from anything he has read or known as to unsanitary and sometimes insane or otherwise unsafe barbers. He is just possessed by an unreasonable dread or fear of being shaved in a barber shop by a professional barber, like one of my patients, who could neither be shaved nor have his hair cut there. Some of the extremely long-haired and long-bearded cranks we sometimes encounter with paranoiac hobbies, religious and otherwise, are neurasthenics with barber or razor and scissor phobias, and some of them appear to be really hydrophobic as to the washing of their faces, hands and person, like certain peripatetic mind and faith cure healers who attract certain other neurasthenics who, without normal cause in special sinfulness or disease, morbidly fear death or damnation and become followers and supporters. Condemnophobia is as common to certain psychoneurasthenics as the delusion of condemnation to God's everlasting displeasure is to certain religious melancholiacs and here again is the plain distinction between phobia and delusion. The one is a fear with hope, the other is a hopeless fear passed on into morbid conviction.

With the psychoneurasthenic insane doubt has passed on to established insanity. His doubt has become a morbid conviction, a morbid reality and no longer simply a fear in his unhinged mind. These and the erotic and the concupiscent psychasthenics approaching to paranoia furnish the alienist

*A man, having this fear, writes: "I can not allow barbers to shave me. I have tried several times and I believe I would die of fright if I were tied to a chair and shaved by force, but I can shave myself without the least bit of fear.

Some of our unlawful police sweating methods take no account of the timidity and fears of the neurasthenics and wring false confessions like the religious torturings of old.

and the neurologist with many phobias, the product of their psychasthenia and environment, not yet, but to be placed in the nomenclature of psychopathic symptomatology by future neuronosologists and neurodiagnosticians.

The unreasonable, unremovable fears of the psychoneurasthenic are as significant even as the morbid feeling of the nostalgic, who has likewise many psychoneurasthenic fears not yet taken account of in medical literature, as the fear of calamity happening to loved ones at home during their absence, confessed to me during my army service by one of these pitiful homesick, melancholiac psychoneurasthenics which we called a nostalgic, and so designated on the hospital records of disease.

It is exceedingly important in the phobia symptomatology of psychoneurasthenia to bear constantly in mind that fears abstractly considered, i. e., independently of the cerebrasthenic causes and exclusively of those environing fear-engendering influences that excite fright and fear in those who are psychoneurally well are not symptomatic. A psychic symptomatology is as valuable in the interrogation of cerebro-psychic disease as the physical symptoms are in estimating other than mental disorders of the brain. They are more valuable sometimes than the organic or structural lesion which we may see or feel. The psychic touch of the skilled alienist and neurologist combined, is often better than the digital tactus eruditus which surgical skill estimates so highly, especially with the later aid of the skiagraphic vision. To the alienist accustomed to closely scrutinize and estimate states of brain through the brain's cerebro-mental expression, the fear symptoms mean much or little according to their relations and causes. The causeless dreads of *folie du doute* or *folie du toucher* or violently delusioned fear of the maniac mean much to him as compared with delusional fears having adequate cause external to the brain and mind, and not originating *de novo* in a brain and mind diseased. So likewise do the phobias of the psychoneurasthenic who, not having reached the confirmed delusional state of mental action, nevertheless dis-

plays only those unaccountable and unreasonably acquired fears which characterize cerebropsychic neurasthenia.

Now it is plain that the fear of the neurasthenic, to have diagnostic value must be groundless, in its inception or continuance so far as influences external to the brain are concerned. It must be of intercerebral and not extraneous origin. It must proceed from a morbid state of brain and not from properly exciting external causes. It must be a fear peculiar to the individual under peculiar circumstances of cerebro-mental exhaustion, and not fear common to others and due to causes that naturally cause alarm and frighten.

The fear, for example, of microbic infection from distrust of perfect cleanliness in an establishment, in a barber, in a cook, etc., may be normally founded. There is a normal, natural, scientific and medically legitimate mysophobia as there is among neurasthenics likewise, an unreasonable and morbid fear of contamination, and so we must reason from psychic diagnosis to cytomorbid implication or normal cyto-impression through influences operating from without or from within the brain to produce symptoms which may indicate either a naturally and logically impressed and responding or a disease-involved and abnormally-acting brain from asthenic conditions of the psychic neurones.

The mirror phobic, or a woman who fears a mirror, is the first of my many cases of feminine psychoneurasthenias to display this fear as a symptom of her brain exhaustion. Her case is more unique than those mysophobiacs who fear to handle money, equalling the one poison phobic in my experience who, beginning with the fear of Paris green, because at the time of great brain exhaustion he saw it spread on growing vines to kill potato bugs, came to fear everything green, green table cloths, green glass, green walls, etc., finally becoming overwhelmed with verdiphobia and *mania contaminationis* and dying maniacally insane in an institution.

This lady, a married woman, wife of a reputable successful barber, without domestic worry or anxiety as to

her maintenance and family, physically healthy, was severely frightened several years ago by the bite and scratch of a cat. The distress and apprehension resulting from the incident and the suggestions of possible hydrophobia, transformed into positive convictions of its approach by injudicious calamity assurances of her friends, developed insomnia, neurasthenia and finally paranoiaphobia, for which latter she came to consult me. Other phobias developed in the train of her lyssophobia, among them anthropophobia, a fear of meeting people and that "she must fall to pieces," as she expressed it in their presence. She feared bill board pictures and anything with eyes frightened her—ophthalmophobia. Her own face in the glass gave her a peculiar fright, though she is not uncomely to look upon, a fear not natural to the sex.

As somewhat germane and yet introducing another psychoneuropathic state sometimes associated with and aggravated by psychoneurasthenia, might be included the following autobiography:

A SELF-TOLD STORY OF A NEURASTHENIC HOMOSEXUAL EROTISM.

"First, I will tell you that when I look from a high place, I feel as though I might jump off and am really afraid I will sometime.

"Next, I am afraid of a crowd. I am awkward, backward, afraid to talk even where there are two or three, that is sometimes, according to who the people are, my acquaintance with them, etc.

"I have in times past got up and recited a piece before a crowd, but I couldn't begin to do such a thing now.

"My worst peculiarity is the love for other girls. Everywhere I go, in every town, I always find a girl whom I can't help loving; I simply worship them above everyone and everything in the world. My thoughts are constantly with them. I care for no one else or nothing else but to be with them, but the worst yet is, that I am worse than a sixteen year old boy who has been raised in the back-

woods and who has suddenly found himself in love with a pretty girl. I simply cannot control myself. I can't talk, I scarcely have any sense at times when in company with the one who happens to be the object of my affections.

"There is a girl here now whom I am loving at present. I drive around in my buggy and try to get a glimpse of her. I often shun her because I know I act so silly in her presence. The girl, at present, has not been with me enough to find me out good and she likes me, and would come to see me if I would ask her. I have not known her very long.

"I am always thinking about her. I am just as absent-minded as can be when I am tending to my household duties. I have my mind on her, and if I am cooking, sometimes I let things burn a little.

"A few years ago I heard of a girl in Memphis, Tenn., who killed another girl because she wouldn't marry her.* The girl who did the killing, I understand, afterwards, went crazy. I am sure my case is similar to hers, but I hope I am not too far gone to be checked before I get so bad.

"Men certainly have no attraction for me. I do not care to be in their company at all, and I can hardly see why girls "lose their heads" over men. I have been in men's company some, and such a girl as I am, have really had five proposals; but for me to think of marrying would be as absurd as for me to think about flying. I don't think I could ever be happy married to a man.

"I hate to have to talk to one of the male sex this way, but of course, it is just my state of mind.

"Only the girls who have been the victims of my affections know how I am. My own sister with whom I am making my home, does not dream of such a thing.

"I have been accused of being an hermaphrodite, but truly I am not, unless it be a mental one.

"And, now about my health: Will say I have always had good health, although I am very thin. Have never had a good color; am always constipated and have to take

*Case of Freda Ward and Alice Mitchell, homosexual perversion, reported in back number *Alienist and Neurologist*. Editor.

pills every day or so to move my bowels. Sometimes I sleep all right and again I lie awake quite awhile after retiring; sometimes wake up in the night and lie and think. I often allow myself to think during the day upon this subject until, I have a fierce headache; sometimes hardly any sense. I have a very good appetite and feel all right after eating, unless I eat something that disagrees with me. I don't remember having any diseases except measles, mumps and whooping cough. I have a serious, sad look out of my eyes."

"Please do the best you can for me and let me hear from you at once."

Very truly,

MISS E. T. _____

It would certainly be interesting if we could reach a correct conclusion concerning the predisposing and developing causes of these remarkable transpositions of Nature in human evolution, these instances of misplaced or contrary sexuality which surprise and confound physiological science quite as much as the anatomo-pathological transposition of the viscera, the vascular and other organic anomalies of position, structure and function. Can it be that the psychic influence of uxorial repugnance towards husband at the psychological moment of conception and later maternal impression upon the foetus in utero, might have fatal formative effect in natural reversion and revulsion of the sex feeling, developing a manlike heart in a woman's frame? And are there methods in therapeutic art or surgic skill to change these psycho-sexual reversals back to normal nature? We are persuaded from partial success that there are remedial resources both medically and surgically effective in modifying the abnormal nature wherein the knife, the bromides and psychiatry can play no insignificant part.

EROTIC SYMBOLISM.*

BY HAVELOCK ELLIS, M. D.,

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ANOTHER group of erotic symbolisms—alike symbolisms of object and of act—occurs in connection with the two functions adjoining the anatomical sexual focus; the urinary and alvine excretory functions. These are sometimes termed the scatological group, with the two subdivisions of Urolagnia and Coprolagnia. *Inter faeces et urinam nascimur* is an ancient text which has served the ascetic preachers of old for many discourses on the littleness of man and the meanness of that reproductive power which plays so large a part in man's life. "The stupid bungle of Nature, whereby the generative organs serve as a means of relieving the bladder, is doubtless responsible for much of the disgust which those organs excite in some minds."

At the same time, it is necessary to point out, such reflex influence may act not in one direction only, but also in the reverse direction.† From the standpoint of ascetic contemplation eager to belittle humanity, the excretory centres may cast dishonour upon the genital centre which they adjoin. From the more ecstatic standpoint of the impassioned lover, eager to magnify the charms of the woman he worships, it is not impossible for the excretory centres to take on some charm from the irradiating centre of sex which they enclose.

*Continued from August, 1906, *Alienist and Neurologist*.

†Fuchs (*Das Erotische Element in der Karikatur*, p. 26), distinguishing sharply between the "erotic" and the "obscene," reserves the latter term exclusively for the representation of excretory organs and acts. He considers that this is etymologically the most exact usage. However this may be, it would seem that, in any case "obscene" has become so vague a term that it is now impracticable to give it a restricted and precise sense.

Even normally such a process is traceable. The normal lover may not idealize the excretory functions of his mistress, but the fact that he finds no repulsion in the most intimate contacts and feels no disgust at the proximity of the excretory orifices or the existence of their functions indicates that the idealization of love has exerted at all events a neutralizing influence; indeed the presence of an acute sensibility to the disturbing influence of this proximity of the excretory orifices and their functions must be considered abnormal; Swift's "Strephon and Chloe"—with the conviction underlying it that it is an easy matter for the excretory functions to drown the possibilities of love—could only have proceeded from a morbidly sensitive brain*

A more than mere neutralizing influence, a positively idealizing influence of the sexual focus on the excretory processes adjoining it, may take place in the lover's mind without the normal variations of sexual attraction being overpassed, and even without the creation of an excretory fetichism.

Reflection of this attitude may be found in the poets. In the *Song of Songs* the lover says of his mistress, "Thy navel is like a round goblet, wherein no mingled wine is wanting;" in his lyric "To Dianeme" Herrick says with clear reference to the *mons veneris*,

"Show me that hill where smiling love doth sit,
Having a living fountain under it."

In the very numerous poems in various languages which have more or less obscurely dealt with the rose as the emblem of the feminine pudenda, there are occasional references to the stream which guards or presides over the rose.

It may, indeed, be recalled that even in the name *nymphae* anatomists commonly apply to the *labia minora* is

‡In this connection may profitably be contemplated the hand and recall the vast gamut of functions, sacred and profane, which that organ exercises. Many savages strictly reserve the left hand to the lowlier purposes of life; but in civilization that is not considered necessary, and it may be wholesome for some of us to meditate on the more humble uses of the same hand which is raised in the supreme gesture of benediction and which men have often counted it a privilege to kiss.

generally believed to be a poetic allusion to the nymphs who presided over streams since the *labia minora* exert an influence on the direction of the urinary stream.

Goethe,* on the basis of personal experiences, describes his hero's emotions in the humble surroundings of Marianne's little room, as compared with the stateliness and order of his own home. "It seemed to him when he had her to remove her stays in order to reach the harpsichord, there to lay her skirt on the bed before he could seat himself, when she herself with unembarrassed frankness would make no attempt to conceal from him many natural acts which people are accustomed to hide from others out of decency—it seemed to him, I say, that he became bound to her by invisible bands." When Wordsworth read *Wilhelm Meister* and "came to the scene where the hero, in the mistress's bedroom, becomes sentimental over her dirty towels, etc., which struck him with such disgust that he flung the book out of his hand, would never look at it again, and declared that surely no English lady would ever read such a work." I have, however, heard a woman of high intellectual distinction refer to the peculiar truth and beauty of this very passage.†

In one of his latest novels, Henri de Régnier, a most notable recent French novelist, narrates an episode bearing on the matter. A personage of the story is sitting for a moment in a dark grotto during a night fete in a nobleman's park, when two ladies enter and laughingly proceed to raise their garments and accomplish a natural necessity. The man in the background, suddenly overcome by a sexual impulse starts forward; one lady runs away, the other, whom he detains, offers little resistance to his advances. To M. de Bréot, whom he shortly after encounters, he exclaims, abashed at his own actions: "Why did I not flee? But could I imagine that the spectacle of so disgusting a function would have any other effect than to give me a humble opinion of human nature?" M. de Bréot, however, in proceeding to reproach his interlocutor for his in-

**Wilhelm Meister*, p. 1, Ch. xv.

†Findlay's *Recollections of De Quincey*.

considerate temerity, observes: "What you tell me, sir, does not entirely surprise me. Nature has placed very various instincts within us, and the impulse that led you to what you have just now done is not so peculiar as you think. One may be a very estimable man and yet love women even in what is lowliest in their bodies." In harmony with this passage from Régnier's novel are the remarks of a correspondent who writes to me of the function of urination that it "appeals sexually to most normal individuals. My own observations and inquiries prove this. Women themselves instinctively feel it. The secrecy surrounding the matter lends too, I think, a sexual interest.*

The fact that scatologic processes may in some degree exert an attraction even in normal love has been especially emphasized by Bloch: † "The man whose intellect and aesthetic sense has been 'clouded by the sexual impulse' sees these things in an entirely different light from him who has not been overcome by the intoxication of love. For him they are idealized (*sit venia verbo*) since they are a part of the beloved person and in consequence associated with love."

Bloch quotes the authoress of the *Memoiren einer Sangerin* (a book which would appear to be probably, though not certainly autobiographic) in the same sense: "A man who falls in love with a girl is not dragged out of his poetic sphere by the thought that his beloved must relieve certain natural necessities every day. It seems indeed to him to be just the opposite. If one loves a person one finds nothing obscene or disgusting in the object that pleases one."

In estimating the significance of the lover's attitude in this matter it is important to realize the position which scatologic conceptions took in primitive belief. At certain stages of early culture when all the emanations of the body are liable to possess mysterious magic properties and become apt for sacred uses, the excretions, and especially the urine, are found to form part of religious ritual and

**Les Rencontres de M. Breot.*

†*Psychopathia Sexualis.*

ceremonial function. Even among the savages the excreta are frequently regarded as disgusting, but under the influence of these conceptions, such disgust is inhibited and those emanations of the body which are usually least honoured, become religious, cherished symbols.

Urine may be regarded as the original holy water, and many customs still surviving in various parts of Europe (including and involving the use of a fluid which must often be yellow,) probably indicate the earlier uses of urine. Among the Hottentots, as Kolbein and others have recorded, the medicine man urinated alternately on a bride and bridegroom and a successful young warrior was sprinkled in the same way. Mungo Park mentions that in Africa on one occasion a bride sent a bowl of her urine, which was thrown over him as a special mark of honour to a distinguished guest. Pennant remarked that the Highlanders sprinkled their cattle with urine, as a kind of holy water, on the first Monday in every quarter.*

Even the excreta of animals have sometimes been counted sacred. This is notably so in the case of the cow, of all animals the most venerated by primitive peoples, and especially in India. Jules Bois describes the spectacle presented in the temple of the cows at Benarres: "I put my head into the opening of the holy stables. It was the largest of temples, a splendour of precious stones and marble where the venerated heifers passed backwards and forwards. A whole people adored them. They take no notice, plunged in their divine and obscure unconsciousness. And they fulfill with serenity their animal functions; they chew the offerings, drink water from copper vessels, and when they are filled they relieve themselves. Then a stercoraceous and religious insanity overcomes these starry-faced women and venerable men; they fall on their knees, prostrate themselves, eat the droppings and greedily drink the liquid which for them is miraculous and sacred.†" Among the Chevsurs of the Caucasus, perhaps an Iranian people, a woman after her confinement, for which she lives

*Bourke, *Scatalogic Rites*, pp. 228, 289; Brand, *Popular Antiquities* "Bride-Ales'.

†Vielons de l' Inde.

apart, purifies herself by washing in the urine of a cow and then returns home. This mode of purification is recommended in the Avesta, and is said to be used by the few remaining followers of this creed.

We have not only to take into account the frequency with which among primitive peoples the excretions possess a religious significance. It is further to be noted that in the folk-lore of modern Europe are everywhere found plentiful evidences of the universal prevalence of legends and practices of scatologic character. It is significant that in the majority of cases it is easy to see a sexual reference in these stories and customs. The legends have lost their earlier, often mythical significance and frequently take on a suggestion of obscenity, while the scatologic practices have become the magical devices of love-lorn maidens or forsaken wives practiced in secrecy. What scatological rites may come to be regarded as may be gathered from the *Clouds* of Aristophanes, since the leathern phallus borne by women in the Bacchanalia was becoming in his time an object of amusement to little boys.

Among primitive peoples throughout the world, and among the lower social classes of civilized people, urine possesses magic properties, more especially, it would seem, the urine of women, and that of people who stand, or wish to stand, in sexual relationship to each other. In a legend of the Indians of the Northwest coast of America, given by Boas,* a woman gives her lover some of her urine and says: "You can wake the dead if you drop some of my urine in the ears and nose." Among Christians and Mohammedans a wife can attach an unfaithful husband by privately putting her urine in his drink.† The practice is world-wide. Among the aborigines of Brazil, according to Martius, the urine and other excretions and secretions are

**Zeitschrift für Ethnologie*, 1891-1894. Among the same Indians there is a legend of a woman with a beautiful white skin who found on bathing every morning in the river that the fish were attracted to her skin and could not be driven off even with magical solutions. At last she said to herself: "I will make water on them and then they will leave me alone." She did so, and henceforth the fish left her. But shortly after fire came from heaven and killed her.

†B. Stern, *Medizin in der Türkei*.

potent for aphrodisiacal objects. Bourke's "Scatalogic Rites of all Nations" contains many references to the folk-lore practices in this matter; a study of popular beliefs in the magic power of urine, published in Bombay by Professor Eugen Wilhelm, in 1889.

The legends which narrate scatalogic exploits are numerous in the literature of all countries. Among primitive peoples they often have a purely theological character, for in the popular mythologies of all countries (even Aristophanes shows among the Greeks) natural phenomena, such as the rain, are apt to be regarded as divine excretions, but in course of time the legends take on a more erotic or a more obscene character. The Irish *Book of Leinster* (written down about the twelfth century, but containing material of a much older date) tells how a number of princesses in Emain Macha, the seat of the Ulster Kings, resolved to find out which of them could by urinating on it melt a snow pillar which the men had made, the woman who succeeded to be regarded as the best among them. None of them succeeded, and they sent for Derbforgaill, who was in love with Cuchullain, and she was able to melt the pillar; whereupon the other women, jealous of the superiority she had thus shown, tore her eyes out.*

Rhys† considers that Derbforgaill was really a goddess of dawn and dusk, "the drop glistening in the sun's rays," as indicated by her name, which means a drop or tear.

Compare the legend of Derbforgaill with a more modern Picardy folk-lore *conte* clearly analogous but no longer seeming to show any mythologic element, "La Princesse qui pisse par dessus les Meules." This princess had a habit of urinating over hay-cocks; the king, her father, in order to break her of the habit, offered her in marriage to anyone who could make a hay-cock so high that she could not urinate over it. The young men came, but the princess would merely laugh and at once achieve the task. At last came

*Zimmer, "Keltische Beiträge," *Zeitschrift für Deutsche Alterthum*, Vol. xxii, Heft 2, p. 217.

†Lectures on the Origin and Growth of Religion as Illustrated by Celtic Heathendom, p. 466.

a young man who argued with himself that she could not perform this feat if she lost her virginity. He first seduced her. She then failed ignobly, merely wetting her stockings.

Such legends having lost mythologic elements they originally possessed and having become merely *contes* are not uncommon in folk-lore of many countries. In their earlier religious forms and in their later obscene form, they alike bear witness to the large place which scatologic conceptions have in the primitive mind.

It is notable evidence of close seemingly normal association with sexual impulse of the scatologic processes that an interest in them, arising naturally and spontaneously, would seem to be one of the most frequent first expressions of the sexual impulse in boys and girls.

Stanley Hall, who has made special inquiries into the matter, remarks that in childhood the products of excretion by bladder and bowels are often objects of interest hardly less intense for a time than eating and drinking.*

"Micturitional obscenities," the same writer observes again, "which our returns show to be so common before adolescence, culminate at ten or twelve, and seem to retreat into the background as sex phenomena appear." They are, he remarks, of two classes: "Fouling persons or things, secretly from adults, but often openly with each other," and less often "ceremonial acts connected with the act or the product that almost suggest the scatological rites of savages, unfit for description here, but of great interest and importance."†

The nature of such scatological phenomena in childhood—often clearly the instinctive manifestations of an erotic symbolism—and their wide prevalence among both boys and girls, is very well illustrated in a narrative which I include in Appendix B., History 1.

As boys approach puberty attraction to the scatologic, when it exists, tends to die out, giving place to more normal sexual conceptions, or at all events takes a subordinate and

*"Early Sense of Self," *American Journal of Psychology*, April, 1898, p. 361.

†*Adolescence*, Vol. 1, p. 116.

less serious place in the mind. In girls, it tends to persist. Edmond de Goncourt, a minute observer of the feminine mind, refers in *Chérie* to "those innocent and triumphant gaieties which scatologic stories have the privilege of arousing in women who have remained still children, even the most distinguished women. The extent to which innocent young women, who would frequently be uninterested or repelled in presence of the sexually obscene are sometimes attracted by the scatologically obscene, may seem surprising, although the same phenomenon had been observed in various men of eminent genius. It becomes intelligible, however, if it be realized that a symbolism comes here into play. In women specific sexual knowledge and experience of sexual life develops much later than in men, or even remains in abeyance. Specifically sexual phenomena cannot therefore easily lend themselves to wit or humor or imagination. But the scatologic sphere, by the very fact that in women it is in an even specially intimate and secret region, always liable to be unexpectedly protruded into consciousness, furnishes an inexhaustible field for situations which have the same character as those furnished by the sexually obscene. The sexually obscene which in men tends to overshadow the scatologically obscene, in women—partly from inexperience and partly it is probable from their almost physiological modesty—plays a part subordinate to the scatological. In a somewhat analagous way scatologic wit and humor play a considerable part in the work of eminent authors who were clergymen or priests.

In addition to the anatomic and psychologic associations which furnish a basis on which erotic symbolisms may here spring up, psychologic connections between the genital and urinary spheres directly favor such symbolisms. In discussing the analysis of the sexual impulse in a previous volume of these *Studies* I have pointed out the remarkable relationship—sometimes of transference, sometimes of compensation—which exists between genital tension and vesical tension, both in men and women. In the histories of normal sexual development brought together at the

end of that and subsequent volumes the relationship may frequently be traced, as also in a case in the present Study. Vesical power is commonly believed to be in relation with sexual potency, and inability to project the urinary stream in a normal manner is an accepted sign of sexual impotency.* Féré has recorded the history of a man in whom with periodic crises of sexual desire and subsequently sexual obsession without desire, were always accompanied by an impulse to urinate and by increased urination.†

The case recorded by Pitre and Régis, of a young girl who, having once at the sight of a young man she liked in a theatre, been overcome by sexual feeling, accompanied by a strong desire to urinate, was afterwards tormented by a groundless fear of experiencing an irresistible desire to urinate at inconvenient times,‡ is an example of what may be called a physiologic-scatalogic symbolism of sex, an emotion primarily erotic becoming transferred to the bladder and then remaining persistent. From such a physiological symbolism it is but a step to the psychological symbolisms of scatalogic fetichism.

It is worthy of note, as an indication that such phenomena are scarcely abnormal, that a urinary symbolism, and even a strictly sexual fetichism, are normal among many animals.

The most familiar example of this kind is furnished by the dog, who is sexually excited in this manner by traces of the bitch, and himself takes every opportunity of making his own path recognizable. This custom, Espinas|| remarks, "has no other aim than to spread along the road

*Seo Horselli, *Una Causa del Matrimonio*, 1902, p. 39.

†Féré, *Comptes-Rendus Société de Biologie* 23 July, 1904.

‡Transactions of the International Medical Congress, Moscow, (Vol. iv, p. 19.) A similar symbolism may be traced in many of the cases in which the focus of modesty becomes in modest women centered in the excretory sphere and sometimes exaggerated to the extent of obsession. It must not be supposed, however, that every obsession in this sphere has a symbolical value of an erotic kind. In the case, for instance, which has been recorded by Raymond and Janet (*Les Obsessions*, Vol. II, p. 306) of a woman who spent most of her time in the endeavor to urinate perfectly, always feeling that she failed in some respect, the obsession seems to have arisen fortuitously on a somewhat neurotic basis without reference to the sexual life.

||*Les Sociétés Animales*.

recognizable traces of their presence for the benefit of individuals of the other sex, the odour of these traces doubtless causing excitement."

It is noteworthy, that in animals as in man, sexual excitement may manifest itself in the bladder. Thus Dumas* states, that if the mare urinates when she hears the stallion neigh, it is a sign that she is ready for connection.

It is in masochism, or passive algolagnia that we may most frequently find atavistic symbolism in its fully developed form. The man whose predominant impulse is to find pleasure in subjugating himself to his mistress, and in receiving at her hands the utmost humiliation, frequently finds the climax of his gratification in being urinated on by her, whether in actual fact or only in imagination.

In many such cases, however, it is evident that we have a mixed phenomenon; the symbolism is double. The act becomes desirable because it is the outward and visible sign of an inwardly experienced abject slavery to an adored person. But it is also desirable because of intimately sexual associations in the act itself, as a symbolical detumescence, a simulacrum of the sexual act, and one which proceeds from the sexual focus itself.

Krafft-Ebing† records various cases of masochism in which the emission of urine onto the body or into the mouth formed the climax of sexual gratification, as for instance, in the case of a Russian official who, as a boy, had fancies of being bound between the thighs of a woman, compelled to sleep beneath her nates and to drink her urine, and in latter life experienced the greatest excitement when practicing the last part of his early imagination.

In another case reported by Krafft-Ebing, and by him termed "ideal masochism," the subject from childhood indulged in voluptuous day-dreams, in which he was the slave of a beautiful mistress who would compel him to obey all her caprices, stand over him with one foot on his breast, sit on his face and body, make him wait on her in

*Chevaux de Sahara.

†Psychopathia Sexuales.

her bath, or when she urinated, and sometimes insist on doing this on his face; though a highly intellectual man, he was always too timid to attempt to carry any of his ideas into execution; he had been troubled by nocturnal enuresis up to the age of 20.

Neri* records the case of an Italian masochist who experienced the greatest pleasure when both urination and defaecation were practised in this manner by the woman he was attached to.

Elsewhere† I have recorded the masochistic day-dreams of a boy whose impulses were at the same time inverted; in his reveries "the central fact," he states, "became the discharge of urine from my lover over my body and limbs, or, if I were very fond of him I let it be in my face." In actual life the act of urination casually witnessed in childhood became the symbol, even the reality, of the central secret of sex: "I stood rooted and flushing with downcast eyes till the act was over, and was conscious for a considerable time of stammering speech and bewildered faculties. . . . I was overwhelmed with emotion and could barely drag my feet from the spot or my eyes from the damp herbage where he had deposited the waters of secrecy. Even today I cannot dissociate myself from the shuddering charm that moment had for me."

It is not only the urine and faeces which may thus acquire a symbolic fascination and attractiveness under the influence of masochistic deviations of sexual idealization. In some cases extreme rapture has been experienced in licking sweating feet. There is indeed no excretion or product of the body which has not been a source of ecstasy: the sweat from every part of the body, the saliva and menstrual fluid, even the wax from the ears.

Krafft-Ebing very truly points out that this sexual scatologic symbolism is precisely paralleled by a religious scatologic symbolism. In the excesses of devout enthusiasm the ascetic performs exactly the same acts as are performed in these excesses of erotic enthusiasm.

*Archives delle Psicopatía Sessuali, vol. 2.

†Sexual Inversion, History xxvi.

To mix excreta with food, to lick up excrement, to suck festering sores—all these and the like are acts which holy and venerated women have performed.

Not only the saint, but also the prophet and medicine-man, have been frequently eaters of human excrement; it is only necessary to refer to the instance of the prophet Ezekiel, who declared that he was commanded to bake his bread with human dung, and to the practices of medicine-men at Torres Straits, in whose training the eating of human excreta takes a recognized part. Deities, notably Baal-Phegor, were sometimes supposed to eat excrement, so that it was natural that their messengers and representatives among men should do so.*

It must be added, however, that while the masochist is overcome by the sexual rapture, so that he sees nothing disgusting in his act, the medicine-man and the ascetic are not so invariably overcome by religious rapture, and several ascetic writers have referred to the horror and disgust they experienced, at all events at first, in accomplishing such acts, while the medicine-men when novices sometimes find the ordeal too severe and have to abandon their career. Brénior de Montmorand, while remarking, not without some exaggeration, that "the Christian ascetics are almost all eaters of excrement†" quotes the testimonies of Marguerite-Marie and Madam Guyon as to the extreme repugnance which they had to overcome. They were impelled by a merely intellectual symbolism of self-mortification rather than by the profoundly felt emotional symbolism which moves the masochist.

Coprophagic acts, whether under the influences of religious exaltation or of sexual rapture, inevitably excite disgust. Most regard them as almost insane, fortified in that belief by the undoubted fact that coprophagia is not uncommon among the insane. It may therefore be proper to point out that it is not so very long since the eating of human excrement was carried out by our own forefathers in

*Dulaure, *Des Divinités Génératrices*, Ch. iv and J. J. Bourke, *Scatologic Rites of all Nations*, p. 241. See also Ezekiel, Ch. iv., p. 12, and *Reports Anthropological Expedition to Torres Straits*, Vol. v, p.

†*Revue Philosophique*, March, 1894.

the most sane and deliberate manner. It was administered by medical practitioners for a great number of ailments apparently with entirely satisfactory results. Less than two centuries ago, Schurig, who so admirably gathered together and arranged the medical lore of his own and the immediately preceding ages wrote a very long and detailed chapter "*De Stercoris Humani Usu Medico.**" In the *Paris Journal de Medecine* for 19 February, 1905, there appeared an article which I have not seen entitled, "Médicaments oubliés: l'urine et la fiente humaine." The classes of cases in which the drug was found beneficial would seem to have been extremely various. It must not be supposed that it was usually ingested in the crude form. A common method was to take the faeces of boys, dry them, mix them with the best honey, and administer as an electuary. At an earlier period such drugs appear to have met with some opposition from the Church, which seems to have seen in them only an application of magic; thus I note that in Burchard's remarkable Penitential of the fourteenth century as reproduced by Wasserschleben,† 40 days' penance is prescribed for the use of human urine or excrement as a medicine.

**Chylologia*, 1725, cap. xiii.

†*Die Bussordnungen der Abendländlichen Kirche.*

(*To be continued.*)

ILLINOIS LEGAL PROCEDURE IN MARRIAGE ANNULMENT FOR PRIOR INSANITY.

By JAS. G. KIERNAN, M. D.,

CHICAGO.

JUDGE TULEY'S decision in the case of Pyott vs. Pyott, discussed, more than half a decade ago,* was affirmed by the Illinois Supreme Court in a manner bearing on the legal methods of procedure in such cases.†

Mr. Justice Boggs delivered the opinion of the Court: "The appellant on the 8th day of December, 1898, filed a bill in chancery in the Superior Court of Cook County, in which she alleged that an agreement to enter into marriage was made by and between herself and one James M. Pyott, Sr., on the 14th day of October, 1898, and that on the 20th day of October, 1898, they were lawfully married in the city of Chicago, and that they lived and cohabited together as husband and wife until the 21st day of November, 1898, and that on said last mentioned day said James M. Pyott, Sr., of his own wrong and without fault on her part, deserted and abandoned her, and she prayed for a decree under the provisions of the act in relation to married women, approved May 17, 1877, requiring the defendant, said James M. Pyott, Sr., to pay an amount to be fixed by the court, for her reasonable support and maintenance while they should so live separate and apart.

"It being represented to the court that said James M. Pyott, Sr., was insane, one James M. Pyott, Jr., his son, was appointed by the court as guardian *ad litem* and next friend of said James M. Pyott and authorized to defend for

**Alienist and Neurologist*, 1899.

†198 Ill. Supreme Court Reports.

the said James M. Pyott, Sr., and was also given leave to file a cross bill in the cause for and in behalf of the said James M. Pyott, Sr. An answer and cross bill were accordingly filed. The answer alleged, in substance, that at the time of the alleged promise to marry appellant on the 14th day of October, 1898, and for a long time prior thereto, and also at the time said supposed marriage ceremony was performed, and for a long time prior thereto, James M. Pyott, Sr., was, and has ever since continued to be, not of sound mind and memory, but that on the contrary, he was at said time seventy-two years of age and in his dotage, and his mind and memory were so impaired as to render him wholly incapable of entering into the contract of marriage, and that he was then and is now insane; that the said James M. Pyott, Sr., was the owner of property of the value of \$1,000.00; that he was a widower, his wife, with whom he had lived for more than forty years, having died about a year before the alleged marriage with the appellant. That appellant was a woman of bad moral character, lewd and unchaste and the mother of a bastard child, and had confederated and combined with one Whitford and one McMillan (all of whom were well aware of the irresponsible mental condition of said James M. Pyott, Sr.,) to entrap him into a marriage with appellant, out of mercenary motives; that said James M. Pyott, Sr., in his weak and enfeebled condition of mind was induced by the fraudulent misrepresentations and practices of said appellant and her said confederates to submit to a clandestine marriage with the appellant; that he had not sufficient mental capacity to understand the nature and obligation of a marriage contract and that said alleged marriage with the appellant was a nullity. The cross bill contained, in substance, the same allegations as were contained in the answer, and prayed that the alleged marriage contract and ceremony between said appellant and said James H. Pyott, Sr., should be annulled and declared by decree of the court to be null and void. Answer was filed to the cross bill and replication thereto, and replication was filed to the answer to the original bill.

"The respective parties produced their testimony in open court and the issues were submitted to the chancellor. The court found at the time of the performance of said purported marriage ceremony the said James M. Pyott, Sr., was of the age of seventy-three (73) years and at the time of said purported marriage ceremony, and for a long time prior thereto, the said James M. Pyott, Sr., was, and has ever since said time continued to be, insane and not of sound mind and memory; that the said James M. Pyott, Sr., was then in his dotage and the mind and memory of said James M. Pyott, Sr., was so impaired as to render the said James M. Pyott, Sr. wholly incapable of entering into the marriage contract, and that said facts were at and before the time of said purported marriage ceremony known to the said complainant and cross defendant, Jannett G. Patton, and to one James G. Whiteford, in said cross bill of complainant and hereinafter named, and that said purported marriage and marriage contract was, and is therefore null and void and of no effect from the beginning," and entered a decree dismissing the original bill and granting the prayer of the cross bill. The decree was affirmed by the Branch Appellate Court for the First District on Appeal. This is a further appeal to bring the proceedings into review in this court.

James M. Pyott, Sr., had reached the age of 72 years when the marriage ceremony was celebrated between him and the appellant. He was the father of five children, all of whom were then living and of mature age. He married the mother of these children in 1852 and lived happily with her until her death, which occurred October 27, 1897. For many years he was engaged in the foundry business in the city of Chicago, and had by the exercise of industry, energy and good business judgment acquired real and personal property of the value of perhaps \$200,000. The evidence preserved in the record abundantly established that as early as 1894 or 1895, though he retained his physical strength, there was a perceptible weakening or breaking down in his mental powers. About this time he

began to neglect his business, and finally lost all interest therein and all desire to attempt to manage it. His mental infirmities grew more marked, until at the time of the death of his wife in 1897, it was apparent to his family that he was afflicted with senile dementia, a form of insanity in the aged. After the death of his wife the unsoundness of his mental faculties developed more rapidly. The advisability of instituting proceedings in court to have him declared mentally incompetent and to have a conservator appointed for him was seriously entertained by his children, but such course was not taken for the reason it was unpleasant to make the infirmity of their father thus a matter of public notoriety. His condition between the period which intervened between the death of his wife and the alleged marriage with the appellant was the cause of much solicitude and humiliation to his children and immediate friends. The record contains many instances in his life and conduct during this period, and, for that matter to the very time of the hearing, inconsistent with the view they proceeded from a sound mind, and attributable only to an impaired and enfeebled intellect. The incidents are so numerous we cannot undertake to reproduce them within the proper limits of an opinion. Brief reference to the following instances may be made: He was an active, capable business man, but became indifferent to his business affairs and declined to talk about them, and let others manage as they chose. During former years he was a good conversationalist, but his conversation became rambling and nonsensical and repetitions of what he had just said. He was a member of the church of long standing and a regular attendant at religious services, pronounced thanks at meals, advocated religious and moral principles and conduct, read only religious, scientific and useful books and periodicals or standard literature, abstained from vulgar or profane language, and was modest and delicate in deportment and dress. Among the changes in his life noticeable before the death of his wife were the refusal on his part to attend church services or to render thanks at his table; that he abandoned the books he had

formerly enjoyed and began reading French novels containing stories that were suggestively immoral; he told indecent stories, indulged in profane and vulgar language, with little regard to the presence of women; neglected his clothing until he appeared dirty and indecent, and at one time appeared before visitors in his bare feet. He lived happily with his wife for many years and always displayed the greatest affection for her and the strongest desire to supply all her wants, until the decay of his mental powers set in. Then it was discovered that it was unsafe to leave him in charge of his sick wife, for the reason he would not administer the medicines as directed, or could not be made to understand the importance of observing the directions as to what should be given her. While she was lying at the point of death he left her presence to make social calls, despite the pleadings of his children that he remain at her bedside, and while her corpse was still in their home, he insisted that a relative should play a Scottish dance tune and jig music on a violin, and requested that a mourning dress of the kind that was being prepared for his daughter should be made for him. His mania soon developed a morbid propensity to matrimony. About three weeks before the ceremonies of marriage were pronounced between him and the appellant he began to pay courtship to a servant girl in his family, and grew more and more demonstrative, and began to follow her from room to room in the family home, begging and imploring her to marry him. She knew of his mental infirmity and derangement and went to the home of his married daughter and told her of his conduct. When the servant and the daughter of Mr. Pyott, Sr., returned to his home they found him in the bedroom occupied by the servant girl. He was standing in the room entirely without clothing except a short undershirt. He greeted them with laughter and loud cries, and they became frightened and left him. He was afterwards found in the bed in the servant girl's room and was induced by his son-in-law to go into the library, where he indulged in dancing for a time. He persisted in forcing his attentions upon the servant girl until she became afraid of him and

left the service of the family. He insisted that one or the other of his unmarried sons should take a wife, and when they refused, he determined to procure some woman to serve as a housekeeper.

He asked said Whiteford to recommend someone to him as a housekeeper and Whiteford told him he knew of a widow living at Sedley, Indiana, who thought of coming to the city to take a position of that kind in some family and, at his request Whiteford agreed to write such widow. The communication between Whiteford and the widow he referred to, who proved to be the appellant and a niece of said Whiteford, resulted in an arrangement that Mr. Pyott, Sr., and Whiteford, should go to Sedley on the 14th day of October, in order that he might see if he could engage the widow referred to, to serve him as housekeeper. They arrived at Sedley about the hour of eleven o'clock in the forenoon of the 14th and went at once to the house of the appellant and remained there until about the hour of four o'clock in the afternoon of that day, when they returned to the city. The appellant testified that during the time they were at her house on that day said James M. Pyott, Sr., proposed marriage to her and that she accepted the proposal, and that it was agreed between them that she should come to Chicago on the 19th day of October, five days thereafter. The only reference we find in his testimony to this alleged marriage engagement is this statement: "I knew when I was in Sedley that I was going to be married." Whiteford testified that while they were at lunch he was so "thunderstruck" by a remark of Mr. Pyott to the appellant, his niece, which he (the witness) interpreted to be an offer of marriage, that he left the room; that when he returned to the room he heard a conversation between them amounting to a marriage engagement; and an agreement that his niece, the appellant, should come to Chicago on the 19th day of October, and that he and Mr. Pyott, Sr., should meet her at the depot. Appellant came to Chicago on the 19th, and on the next day, October 20th, the marriage was celebrated at the house of one

McMillan, in the city of Chicago. The appellant and Mr. Pyott, Sr., on the same day went to her home in Sedley. The children of Mr. Pyott knew nothing of the matrimonial venture of their father until the notice of the marriage appeared in the public papers. The original bill filed by the appellant charges that Mr. Pyott, Sr., abandoned her about the 21st day of November, 1898, about four weeks after the alleged marriage. Mr. Pyatt, Sr., was brought into court during the progress of the trial and was heard testify by the chancellor.

It appeared the appellant was a niece of said Whiteford; that she was the mother of an illegitimate child—a son—then living, and that her character for chastity was not good when she resided in Chicago prior to going to Sedley. Other facts appearing in the evidence tended strongly to the conclusion that the appellant led an unchaste life while she lived in Chicago, and also after the death of her husband, which occurred in Sedley some seven months only prior to her alleged marriage with Mr. Pyott, Sr. Whiteford knew that she had given birth to an illegitimate child, even if he knew no more as to her immoral conduct. He did not make this known to Mr. Pyott, Sr., but on the contrary falsely represented to him that she was a proper person for him to take for his wife, schemed to bring about the marriage and participated in concealing from the sons and daughter of Mr. Pyott, Sr., all knowledge that a marriage with appellant was contemplated, and intentionally aided in depriving Mr. Pyott, Sr., of the advice of his family as to the propriety of a marriage with the appellant. Whiteford had known Mr. Pyott, Sr., for some years somewhat intimately, knew he was possessed of considerable property and could not have been ignorant of the fact he was mentally unsound, and we think, with the chancellor, it was well established by the proof that the influence exerted by him over Mr. Pyott, Sr., which the latter, in his weak and enfeebled mental condition was unable to resist, largely controlled the actions of Mr. Pyott, Sr., in the alleged matrimonial connections with the appellant, and

that such influence was improperly exerted and exercised, and was attended with such circumstances of deception and evil intent as to amount to fraud.

We entertain no doubt, all the evidence being considered, that the mental faculties of Mr. Pyott, Sr., had become so impaired and enfeebled that he was unable to understand the nature and effect of the act of marriage and to act rationally regarding the union with the appellant. Nor, have we any doubt but that the insane impulses with which he was affected, were subjected to improper influences exerted for the fraudulent purpose of inducing the celebration of the marriage, to the end that the conspirators might profit financially thereby. The evidence therefore warranted the finding that the marriage celebrated between the appellant and Mr. Pyott, Sr., was a nullity*

The doctrine that the right to sue for an absolute divorce is a personal right and requires the intelligent action of the injured party, and that for that reason the guardian or conservator of an insane person cannot maintain a suit for divorce for his ward, to which reference is made,† has no application to the decree rendered upon the cross bill in this case. The cross bill is not a bill for divorce, but a bill to annul a void marriage. A divorce suit is for the purpose of dissolving a marriage which the parties thereto had a legal capacity to contract. A nullity suit has for its purpose a decree that a marriage which is void or voidable shall be judicially declared to be void.‡

It is well settled the guardian of an insane person can maintain a bill in equity to have declared null the marriage of his ward on the ground of mental incapacity on the part of the ward to assent to the marriage.§ We need not pause to determine whether such a suit could be maintained by a guardian or conservator to annul a marriage

*1 Bishop on Marriage and Divorce, 600; Orchardson vs. Coffield, 171, Ill. 14; 14 Am. and Engl. Ency. of Law, (1st ed.) 489.

†Iago vs. Iago, 168 Ill. 339.

‡Am. and Eng. Ency. of Law, 532, 533.

§Ency. of Pl. and Pr. 63 and cases cited in note; Hancock vs. Peaty, 1 P. and D. L. R. 335; Orump vs. Morgan, 8 Ired. Eq. 91; Waymire vs. Jutmore, 22 Ohio St. 271; Brown vs. Westbrook, 27 Ga. 102.

merely voidable, for the reason the marriage here under consideration was void *ab initio*.

It is urged with great earnestness, that the Circuit Court which rendered the decree, was without jurisdiction to adjudicate as to the insanity of said James M. Pyott, Sr. The position of counsel seems to be, the issue of insanity having been raised by the pleadings, the Circuit Court should have suspended further proceedings and directed an inquisition, in conformity to the common law or under the provisions of chapter 85 or 86 of the Revised Statutes of the State of Illinois, should be had and taken and the sanity of said Mr Pyott, Sr., determined and the result certified to the Circuit Court, and that, at all events, it was essential the issue of insanity should have been submitted to and determined by a jury. After an inquisition and appointment of a conservator for an insane person under the statutory provisions on the subject, all suits and proceedings in behalf of the lunatic should be brought by the conservator, unless the interests of the conservator are adverse to those of his ward, or for other sufficient reason the court shall deem it better to appoint some other person as next friend to appear for counsel, to prosecute or defend for such insane person.* Before such inquisition, the rule which now obtains in both England and the United States is, that a lunatic may sue in his own name by some proper person appointed or recognized by the court as the next friend or guardian ad litem for the insane person.† When the mental capacity of a party to a proceeding arises for a determination as an issue in a case of chancery, (other than a bill to contest a will) the better practice is to cause the question of sanity to be submitted

*16. Am. & Eng. Ency. of Law, p. 601. Hurd's Stat. 1890, chap. 86, sec. 18 p., 1182

†16 Am. & Eng. Ency of Law, 60.

to a jury for an advisory verdict; but the court is not without jurisdiction to hear and determine the question without a jury, and even upon verdict rendered by a jury the court may decline to accept the finding of the jury and decide for itself the issue upon the evidence presented in the case.* The statute controls the course to be pursued in a case in equity to contest a will, but in cases of that character, the issue of insanity may by agreement of parties be determined by the court without the intervention of a jury.† It is entirely competent for the court, in a separate maintenance proceeding, to entertain a cross bill for a decree annulling the marriage.‡

**Brown vs. Miner*, 128 Ill. 148.

†*Whipple vs. Eddy*, 161 Ill. 114.

‡*Ency. of Pl. and Pr.*, 99.

IS SPECIALISM A PSYCHIC ADVANCE OR A RETROGRESSION?*

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THE term Specialism has contradictory meanings, according to the aspects from which it is viewed. In biology generalized types are lowest while in the realm of thought, generalization implies an elevated linked specialized reasoning. The scientific use of the imagination on which Huxley logically laid such stress was a high instance of generalization. The error involved in the ordinary conception of specialization is due to the employment of preconceived standards of comparison. The single specialization of a generalized type, for this reason and because of absence of contrast, seems more evident than the many specializations, united into one, of a specialized type. The dement (just able to feed and clothe himself when food and clothing are furnished) who wastes life pebble polishing is one instance of specialism. The astronomer who weighs worlds in the balance is another. Between them yawns, however, an intellectual chasm. The common feature is the tendency to one occupation. The standard specialized form is vastly different. Compared with dements who can neither feed nor clothe themselves nor polish pebbles, the

*Read before the Philosophy and Science Department Chicago Women's Club, April 16, 1900.

pebble polishing dement is a specialization. Compared with men who can support themselves, he is a generalization. Men whose intellectual powers just serve for self support are generalizations compared with the astronomers.

The significance of specialization is hence a purely relative question. The term can be logically employed only in a relative sense. Specialization in the body (essentially the struggle for existence between different elements of a community) unless regulated by well balanced nervous systems in one case or just systems of equity in the other proves disastrous.

Life must meet the struggle for existence in three ways: It must advance to get more from its gains or remain *in statu quo* if environment favor.* This last leads generally to the third phase, degradation or degeneration. Tendency to advance arises from lack of satisfaction since an organism, grown by what it feeds upon, demands more specialized nutriment, either mental or physical.

"The fiend that man harries,
Is love of the best."†

Under the influence of the struggle for existence over nutriment (or what in the community represents it, property) equally balanced, further specialization results. If cell, organ, individual or body of individuals through the absence of a proper system of checks secure nutriment out of proportion to services rendered, parasitism occurs. Parasitism, whether social or biologic, is degeneration from a specialized to a generalized type, with retention of outward but inactive specialistic seeming. The pebble-polishing lunatic, the pauper, the promoter of bubble companies and other criminals, are instances of parasitism. In place of equably proportionate specialization in every direction, there occurs through the operation of the law of economy of growth (first indicated by Aristotle, but first cleared from obscurity by Goethe*) atrophy on one side and hypertrophy on the other. As a consequence, the vital powers of the host diminish and the para-

*Osborn: *From the Greeks to Darwin*.

†Emerson: *The Sphinx*.

site loses organic complexity. The social parasite, while retaining outward human bodily and mental semblance, loses the greatest specialization man has won—that secondary ego which is expressed more or less completely in the Golden Rule. These parasites, survivals of a less complex state of society, appear specialized because of their atrophies which render certain qualities prominent *

Under shiftings of the struggle for existence resultant on the communal state which permits of a *statu quo* among social animals, parasitic reversions unduly occur. By union of insect social units, a community is built up which, through gains from diversified labor, increases the comforts of its members.† The community becomes the object. To aid this object, parentage is relegated to castes, while continuous work is done by sterile female workers. Even certain kinds of digestion (as among the honey ants‡) is carried on by a caste. The castes among the termites (so-called white ants) are soldiers (who work for the queen) workers only (who work for the community) a queen (who reigns but does not govern) and a king (who is simply queen consort.)

Limited to one function and receiving nutriment unduly therefor, the parents (through the law of economy of growth) lose their organic complexity. Because of the undue gains of the communal system (through the operation of the same law) resultant on a parentage caste, the workers tend to parasitism, lose organic complexity, become incapable of work and need slaves. War to secure slaves results. An aristocratic organization thus produced degrades the workers in physical formation. The jaws of the Amazon ants (which have their food put into their mouths) have become elongated, narrow, powerful and projecting; the shape suitable for war but unfit to procure food. These ants suited but for slaughter are unable to construct nests,

*Demoor: Evolution by Atrophy.

†Houssaye: Industries of Animals.

‡H. C. McCook: Ants of the American Plains.

rear larvæ, or feed themselves.* Degeneration from this condition has even gone farther and has rendered certain species unskillful in war.

These insect communities were arrested at this degenerate phase in evolution much earlier than man. Their nervous system much less complex as to checks and balances than the human, exposed them more to generalizing influences concomitant on the *State*, being not the compound of the individual social unit, but the *object* of its labors. Under this social economy were created parental, warrior and slave castes among men as among ants. These triumphs of specialization blasted its basic principle (the potentiality of further specialization) by destruction of organic complexity. This was peculiarly evident in intellectual development. The priest castes could not discover new truths but must find new interpretations of old revelations. The ruler castes (whose function of communal parentage recalls the like caste among termites and ants) became too sacred for contact with the ruled. The artisan, artist, scientific or other workers could not vary procedures to suit exigencies except by consent of the priest castes. These castes became hereditary, as they still are, among the Hindoos. Barter of weapons or their materials, which began early† in the stone age, created a caste of middlemen so useful to the ruling castes of the community as to rank nearly equal, or even at times, to merge with them. This caste exploited the privileges granted by ruler or priest, the spoil of the army and the labor of scientists, artists and artisans. Shifting responsibility from ruling castes the middlemen continually grew in power.

Human society threatened to petrify into modified bee and ant communities; with the mass of its members sacrificed for a royal caste (which symbolized communal parentage), with a priest caste warring against invisible foes, a military caste warring against visible, and a middleman caste exploiting everything. This caste system, how-

*Lubbock: *Bees, Ants and Wasps*.

†Wilson: *Commerce in the Stone Age*.

ever, was antagonistic to evolution. The *statu quo* resultant on the caste implied degradation. The ruling caste failed to maintain their "divine right." Like the Emperor of China and the Mikado they become too sacred for contact with the world and ruled through a priestly representative in religion and a warrior representative in civil matters. The warrior representative, at first merely wielding delegated powers, finally usurped all. The Merovingian kings thus fell before their Mayors of the Palace. Warrior representatives, after usurping temporal power, encroached on spiritual as did the Shogun of Japan. He fell before a seemingly conservative reaction in favor of the Mikado, practically, as Stevenson's study of Yoshida-Tarajira shows, an outcome of specialistic advance.* Hidebound as were the priest and warrior castes, exigencies forced upon them new specializations hostile to the caste system.

The social evolution of termite, bee and ant took a *sexual ply* in which parentage and labor were completely separated. This condition has been curiously misunderstood by Olive Schreiner† as one of sex parasitism because of her failure to recognize that the sex element remained in the female sterile worker. Human evolution, however, retained as a definite basis *sex mental differences*. Man's first great specialization was into militarism (and its phases hunting and fishing) and industrialism. Since, as Geddes-Thompson‡ have shown, the male type (by biologic law) is as a rule active, energetic, eager, passionate and variable, while the female type is passive, conservative, and stable; the male naturally took the military line and the female the industrial. Based as this demarcation in occupation was upon sex mental differences, it avoided defects of the bee, ant and termite organization producing greater specialization. The generalizing system of ant, bee and termite relegating all but parentage to the sterile female worker had wasted sex qualities, thus producing de-

*R. L. Stevenson. *Familiar Studies of Men and Books*.

†*Cosmopolitan*, December, 1899.

‡*Evolution of Sex*.

generation. The proverb that "woman's work is never done" expresses labor continuity consequent upon these feminine qualities.*

The feminine type of organism, best adapted to secure greatest results with least expenditure of force, gained in the struggle for existence. The highest modern races have the feminine continuity, not the spasmodic activity, of primitive man.† In primitive woman's daily cares, the story, as Otis T. Mason remarks,‡ is best told. A slain deer lies before her cave, brush-shelter or wigwam. Striking off a sharp flake of flint for a knife she becomes the first cutler. With this knife removing the skin, she is the prototype of butchers. Rolling up the hide, dressing it with brains, smoking it, currying it, breaking it with stone and bone implements, with much toil, she becomes the primeval currier and tanner. With fingers weary and worn, with bone needle, sinew thread and flint scissors, she makes clothing for her lord and her family. Within her home then dwells the first tailor and dressmaker. From leather specially prepared she cuts and makes moccasins for her husband, becoming thereby the first shoemaker.§ Out of scraps of fur and feathers, colored shells, stone or seed, she dresses dolls for her children, makes head dresses and toggery for the dance and adornments for the walls of her squalid dwelling. She thus creates at a single pass a dozen industries—toy-maker, milliner, modiste, hatter, upholsterer and wall-decker. She was the first cook preserving food from decomposition, thus doubling longevity. Of bones she fabricated needles and charms. Constructing from grasses around her dwelling, floormat, mattress, screen, wallet and sail, she becomes the mother of spinners, weavers and sail-makers. Counting and varying stitches, adding bits of black, blue and yellow on her textures, she is the first decorative artist, inventing the chevrons, herringbone frets and scrolls of future art.|| Wearily travelling to the field with

*Havelock Ellis: *Man and Woman*.

†*American Antiquarian*, January, 1888.

‡*Woman's Share in Primitive Culture*.

§Haddon: *Evolution of Art*.

||Grosse: *Beginnings of Art*.

baskets or wallet strapped across her forehead, she becomes the first pack animal. Coming home with acorns, roots and seeds, crushing them in a mortar or rolling them on a stone slab, she is the primitive miller. Laying seed in a flat tray by help of wind or hot stone, she removes the chaff. Here begins the first thresher. With a stick hardened and pointed by fire she takes roots from the earth, tears away troublesome seeds or digs a hole and drops seeds therein. She is now the first gardener, farmer and nurseryman. On some lonely plain or alluvial river-bank, no cave exists to shelter her babes; the aforetime basket maker and leather worker, devising a shelter of grass or skin, becomes the architect primeval. Not until the age of polished stone did woman become the pristine, plastic artist. Every pottery form, decoration and function were, however, invented by her.* In the struggle for existence and exaltation between occupations as between animals and species, militancy no longer demands male waking moments. The arts devised by woman are now in the ascendancy. Her ancient digging stick is now a plow. Her rude carrying-strap over her aching forehead is now the railroad train, her skin coracle or bolsa, the ocean steamer; her stone handmill, the costly roller mill; her simple hide scraper, the great tanneries and shoe factories; her distaff and weft stick the power loom; her clay and smooth pebble, the potter's wheel; her sharpened stick and bundle of hairs, the apparatus of plastic and pictorial art.

In the early history of art, language, social life and religion, women were, as Otis T. Mason shows, the industrial, originative, elaborative and conservative half of society. All the peaceful arts of the 19th century were at first woman's peculiar province. Along all lines of industrialism she was pioneer, inventor, author, originator. Her great duty of motherhood gave her in this specialism exemption from naught save the spasmodic, strenuous labors of chase or war. Fishing and trapping later were her

*Plinders-Petrie: *Egyptian Decorative Art*.

lot. From trapping came her discovery of animal domestication.

This seemingly brutal sexual specialism elevated the race higher than could the apparently more humane communism of ant and bee. It is easy, as Geddes-Thomson remark, to abuse the poor savage who lies idle for days, while his heavy-laden wife toils without complaint or cease. Bearing in mind, however, the extreme bursts of exertion which his struggle with nature and his fellows for life entails, and the consequent necessity of utilizing every chance to eke out a short precarious life so indispensable to wife and weans, this crude domestic economy appears the best, most moral and most kindly attainable under the circumstances. To it man undoubtedly owes his present proud position.

The trend of advance in evolution, whether sociologic or biologic, is therefore towards specialization and of degeneracy towards generalization. These two forces have curiously mimicked each other at times in consequence of atrophy on one side, being attended by hypertrophy on the other, while continuous development prevents undue prominence of any one factor.

Through conventionalizing tendencies in primitive semi-civilized, even civilized man, art, science and industry, except as related to war and religion, had a bitter struggle. Under such conditions art found its best outlet in woman. Love of the beautiful persists in her under very antagonistic conditions. Even in the repressive atmosphere of puritan Massachusetts, as Hawthorne* saw, woman's instinctive love of the beautiful voiced itself in exquisite productions of the needle. In the banner of the army, in the tent and uniform of the soldier, the temple and robes of the priest, this art found play. The influence of the needle in diffusing art, as the history of tapestry shows, is underestimated. This art preserved, humanized and civilized, as Allan Cunningham remarks,† that taste for the beautiful

**Scarlet Letter*.

†*English Painters*.

which survived the dismal period of Roman decadence and the dark ages. The intellectual atmosphere of communal societies has a cramping, conventionalizing influence feelingly expressed by Hawthorne* under the domain of Brook Farm and apologetically by Nordhoff,† whose degenerating effect is most marked upon anaesthetics. Under the intense specialism of the small city republics of Athens and its kindred, a gorgeous bloom of art and science appeared.‡ Sparta's communal system crushed art as did the monarchic Accadian system of Troy.§ Roman state socialistic tendencies finally petrified Greek art even after a gorgeous Greek-Roman bourgeoning. The last yielded when to Roman state socialism was added oriental ascetism from early Christianity. These allies produced a generalizing tendency so degenerating art from Greek specialism that, as late as the 15th century, the artist was at once architect, sculptor, carpenter, goldsmith armorer, jeweler, saddler, tailor and painter.|| Art returned to primitive concentrated inhabitant type. Dwarfed by this concentration art becomes unequal to moving the intellect by either action or sentiment. It appeals only to primitive man's delight in glare.

The concentrated inhabitant moreover drew to himself an undue proportion of nutriment. He prevented enlargement of other minds through specialism consequent on the struggle for existence that separation of his occupation would have entailed. The concentrated inhabitant, like Kipling's Ung, profited by the blindness of his kind.

"If they could see as thou seest, they would do as thou hast done.
And each man would make him a picture and what would become of my son.

Son that can see so clearly rejoice that thy tribe is blind.¶

This struggle for existence between occupations greatly spurred that inventive tendency inherited by man from its

*Blithedale Romance.

†Communitistic Societies of the United States.

‡Macaulay's Essays.

§Laing: Human Origins.

||Allan Cunningham; British Painters.

¶Seven Seas.

embryo in his animal precursors. The life of an individual or of a nation deserves, as Otis T. Mason* has well remarked, the title of humanity only at that moment wherein knowledge is increased. While men or nations originate, they live and grow; when they cease so to do, they decay and die. What destroyed Roman civilization (a socialistic type like that of the ant) aside from popular degradation through war and its spoil, was disdain for art and science as meaning Greek effeminacy. Rome, as Macaulay† saw, contemptuously left:

"To the Greeks their marble nymphs
And scrolls of wordy lore."

The Roman communal system dwarfed human invention to benefit soldier and state, finally degrading the soldier into a mere fighting machine. Such degradation produced at once Roman wealth and Roman decadence. This was even more true of Carthage. As it was easier to conquer than to invent, invention ceased to be stimulated.

Invention, as Otis T. Mason has shown, is stimulated by human wants for clothing, food, shelter, locomotion on land and on water, delight of the senses, explanation of phenomena, for social enjoyment (leading to cooperative life in many directions) and for spiritual satisfaction. Inventions hence include things, languages, institutions, aesthetics, arts, philosophies, creeds and cults. Invention is based on change in the materials and things invented, in the apparatus and processes employed, in the mind of the inventor and in society. This change in structure and function, proceeding from the simple to the complex, is an expression of specialization.

Natural objects (as thorns for piercing and rodent teeth for chisels) were first used unchanged in form. These objects were then slightly modified in structure to better perform the like functions; as the same things hafted and sharpened. They were then slightly changed to perform new or different functions, as stones for hammers or sticks

*Origin of Invention.

†*Lays of Ancient Rome*. See also Putnam's *Authors and Their Public in Ancient Times*.

for weapons. Natural forms of structure were then copied in a variety of materials for multitudinous reasons; gourds for example were imitated in wood, basketry and clay. Natural objects or materials were then changed in form to perform a diversity of functions. This most prolific of changes has been ever growing in the complexity. Thus changes of motor power include man, elastic spring, weight, beast, wind, running water, steam, chemical and electric power and imitation of human activity by machinery. These proceed to multiplication of man's power through mechanical forces like the inclined plane wedge, roller, wheel and axle, and screw and cooperative apparatus demanding bodies of men and performing many functions.

In the mental changes, as the keen evolutionary insight of Shelley* perceived:

"Thought by thought is piled. Till some great truth,
Is loosened and the nations echo round."

Man first noticed the relation of cause and effect in nature and resolved to achieve the like result with the same means. Then occurred the happy thought that the same results might be differently, finally obtained; combinations of mental activities discovering relation of one invention to another resulting in machines.

Ability to fish, hunt, glean, weave and build for more than one made social groups possible. Differentiation of special activities created centers of activity. The first activities carried the actor to the source of material supply. The next step took the natural supply to great artificial centers of invention and cooperative machinery; from the natural source of the artificial civic center. This group of social effects resulted from inventions in apparatus and machinery. *Pari passu* men have invented languages, organizations, cities, international exchanges and laws. Society has invented itself by specialization. As has been seen, each complexity of function brings a new factor into the organism around which the intensity of the struggle for existence henceforth centers. Society introduced among

*Prometheus Unbound.

men and animals "property." When man started with the anarchic horde he began with a communal system of property. Village community* customs so regulated agriculture from communal land as to prevent permanent ownership.

The insignificant temporary subtraction from vast hunting territory injured no one. As it usually necessitated the drudgery of preliminary clearings in the forest, the first clearers were allowed the use not of land, but of the slender produce drawn from it. This favored development of both personal and family property, though to a lesser extent than did allotments to warriors.†

Domestication of animals acting in the same direction led to distinction between personal property and real estate. Domesticated animals could be acquired, accumulated and lost with great care. Such wealth was very moveable, increasing of itself in distinction from territory held in common by the community. The taste for commerce greatly increased with possession of numerous flocks. Different animals became a living money. The sheep was the first unit for Chinese money. Certain animals were at length used in agriculture. The discovery of manuring rendered less necessary to succession of crops leaving land fallow. Henceforth the art of agriculture occupied an ever increasing territory. Hunting became accessory. Subsistence was chiefly obtained from fields and flocks.

At first the soil was cultivated in common; then there were periodic allotments. The products of a predetermined plot belonged to each family during a time which tended to become longer. Endeavoring to become less dependent on the clan or village community, families claimed as property transmissible to their descendants the little enclosure on which was their habitation. To this little plot withdrawn from circulation were added clearings in the forest. Over these lands the community

*Letourneau: *Evolution of Property*.

†Gomme: *Village Community*.

exercised eminent domain, taking them back in case of abandonment or forfeiture and regulating their transmission.

As concentrated representatives of the village community, priests and warriors were favored in allotments. The middleman, through them and through his own services in exploitation, likewise received special favor. These primitive communal principles still dominate society. On the theory of eminent domain a country takes private land for public use or for pseudo-public conveniences like railroads. On the theory of public benefit, incorporation acts grant citizens exemption from the ordinary risks of trade. To these last exemptions, the monopolies of Roman law, of Elizabeth, James I and Charles I, the East India monopoly, those granted land companies by Congress and their direct descendants, the trusts owe their origin. On the same principle are protective tariffs defended. Through this domination of the communal system repressing the tendency in man toward specialization, arose the generalizing principle of capital concentrating in stock enterprise.* While it is true that the highest type of private ownership is that in which the worker is the free possessor of the working material handled, the peasant of the land cultivated, the artist of the tools with which he is a skilled performer,† still under the village community these were owned by the community, as the workers could not leave the village limit without being punished. Capital concentration in stock enterprise simply usurped the powers and rights of village communities through legal forms. This was peculiarly the case in France where, prior to the revolution, king, priest, warrior and middleman owned the people as serfs. The middleman was peculiarly well represented then by the farmer general, who exploited everything for noble, priest and king. In the minds of the people he later found himself the representative of their oppressions. Despite and under this generalizing system, specialization of the true

*Carl Marx: *Das Capital*.

†Scheffel: *Socialism*.

private ownership type was going on. The great boom given to private ownership during the revolution by forfeitures only emphasized specializing changes already begun in the French social system. Serfdom was a late element in social economy even in English-speaking countries. English miners as late as the middle of the 18th century were still serfs.* Labor in the English-speaking countries was governed by judge-made law late in the twenties of the present century, based on a long disused statute anent serfs. It is peculiarly obvious in sociology that

The course of time will swerve,
Crook and turn upon itself in many a backward streaming
curve.†

Capitalistic concentration in trust enterprises is not a specialistic or individualistic evolution of the 19th century, but an antique generalizing principle tending to suppress that essence of specialism, the law of competition or the commercial struggle for existence.

On the theory of public benefit (which is their reason for existence) these combinations aim to secure a *statu quo*, which as already seen, must produce degeneracy. So far as their employes are concerned, degeneracy manifesting itself as one-sided specialism seems the most apparent result. The waste of capital for other than their alleged objects by stock speculation is another evidence of degeneracy, since it attains a given result with the greatest expenditure of force.

*Sir Walter Scott's notes to *Red Gauntlet*.

†After Tennyson: *Locksley Hall*, sixty years.

PSYCHIATRY AND NEURIATRY IN THE MEDICAL PRESS.*

By CHAS. H. HUGHES, M. D.,

- "Died with hand on the throttle."
- "Dropped dead in the streets."
- "Expired as he arose to speak."
- "The climax of his peroration was his death."
- "Finished his speech and died."
- "Died in the midst of his oration."
- "Found dead at prayer."
- "In her great grief her heart went out to God and her soul with it, for when her prayer was ended her heart had ceased to beat."
- "Died at the altar."
- "Dropped dead in the pulpit."
- "Died on Change. Died at his desk."
- "Died on the rostrum."
- "Fell in harness."
- "Died on duty."
- "Died in his bath."
- "Died at his toilet."
- "Betty give this cheek a little red and Madam Pompadour expired."
- "Was watching the ticker when he died."

THESE are some of the startling daily press headlines that announce the sudden deaths of many of our men or women of affairs, some much and some little in the public eye. The grief-stricken, sorrow strained, business-broken often die suddenly. Here are some more of the daily expressions of the secular or medical press, that

*Read before the Boston Meeting of the American Editors' Association.

chronicle the sudden partings such as press the life from out our young and old hearts. They tell us, aided by medical certificate, that heart stroke, heart failure, breast pang, no acute indigestion, sternodymia, sternalgia, cardiac arthropnoea or angina pectoris, the last the most popular phrase of all, killed him.

It did not; they did not. These are the last explanations, the finale of self infliction, the last state and end of the involuntary suicide in many instances of the over-strenuous life, the culminated conclusion of the criminal folly to family and self of modern commercialism's crafty clutch for hastily made money, or of ambition's perpetual mental action or poverty's ceaseless endeavor and yearning for better days, or continuous grief's grievous, remorseless grind of the delicate neurone machinery of the mind.

Neurotic angina is usually a spasmodic sequel of defective vagus innervation and thus of strenuous life neurasthenia. The pharynx, the fauces, the oesophagus, the stomach, liver, heart and intestinal walls may suffer from the defective innervation of overwrought neurasthenia. The vasomotor centers and system are sufferers from the break of the brain and its lessened inhibitions, from the strain of the over-strenuous mental life of our day and the spasmodic sequence of angina pectoris with its fearful pain, suffocation and syncope are becoming common enough in our days of over-worked brain work among men of affairs.

The disease of the coronary artery is sometimes found post mortem. That was the explanation of the deadly pain in the heart, as angina pectoris was known to our fathers in physic, before the full neurotic significance of this fatal form of sternodymia from other causes was comprehended. The *anginae pectorides* are comparatively limited causes of death, and are themselves but final sequences of antecedent and more slowly developed disease-engendering states of nerve center failure, which might in many instances be or have been averted by timely medical counsel and right treatment conformed to by those strenuous incessant brain workers who, through ignorance or want of

thought, lose sight of themselves and their brain needs in the mad pursuit of money and other ambitions.* The machinery of their delicate but strong mental organisms is neglected when it begins to fail and repair is postponed until too late to save it. Wise men they are in methods for making money, but fools about themselves and the needs and resources of nerve center support and repair of modern neurological and psychiatric resource, which, though it has kept pace with the handicrafts, the sciences and the arts of our day, they seek not with the wisdom given them, but spend all in exhausting, self-destructive, ceaselessly-strenuous endeavor.

The ticker and the market fluctuations, like the sword and the jawbone of Sampson's ass, are yet slaying them by the thousands on change and in the marts of trade. And many of the slain, though "wise in their own conceit," are asses in matters of health conservation. Insidious atheroma, arteriosclerosis, stealthily marching aneurism.

Not a great while ago, at the festal board of a home-returning ship, one of our own most brilliant members in the midst of one of those witty, happy speeches, for which on such occasions he was so famous, suddenly fell never to rise again, save in our cherishing memories.

A brain vessel long preparing by that arterial atheromatous change which comes of too prolonged strain and too little respite and rest, suddenly burst and our charming post-prandial friend, "wont to set the table in a roar," was no more.

The business man, to whom business and money are the chief aim of all in life and effort, who would promptly consult an expert mechanic for a break in the roof or walls of his house, neglects or thinks he knows his own body and ignores the early remediable breaks of over-strain in his brain until he falls like the other fools that have fallen before him in harness and on duty. This sounds well as a war sentiment, but as a rule of action

*Though there are in these strenuous days those in the outgoing tide of business or grief or worry that must go out to destruction because they can not now help themselves.

for living out one's appointed time, to the man who knows the laws of movement, repair and endurance in the human mechanism, it sounds and is exceedingly foolish. Yet the fools who are destined to die of angina pectoris or some other equally sudden sequence of slowly developing nerve-center overstrain disorder, which includes vascular degeneracy and overstrain, are not all dead yet, and masterly men of affairs will continue to leave to their friends to call in a doctor after they are too far gone to speak for themselves, and only the undertaker need respond.

The strenuous man of business knows well the significance of an overdraft in his bank account, and does not treat it so lightly as an overdraft on his nerve-center balance. For the former he either provides against or arranges for. He does business with his brain force account in the bank of physiological Nature with less wisdom and forethought. He calls on his stomach for the nutrition that makes the reconstruction force his overtaxed brain needs and gets no sustaining response. He has brain-strain dyspepsia. He puts nerve force in his stomach and lungs by means of which its functions might be kept in normal nutrition supplying tone. The non-innervated or inadequately innervated gastric mucosa fail to work and support him because of his neglect and robbery thereof through a brain that never rests, but keeps the frontal convolution at work to the neglect and exhaustion of the fourth ventricle origin of the stomach's power and, when he dies suddenly, mayhap the last attending medical mind seeing only the expiring agony and assigns acute indigestion as the cause of his sudden taking off, whereas it or the neurotic angina are the last effects of the neurotically outraged organism like the foecal expulsion that precedes the *rigor mortis* at the ending of the *status moribundi*.

It is the duty of the medical press to endeavor to spread enlightenment among the medical brethren, in order that these useful citizens, many of whom die thus because of their ignorance of the laws of conservation of their own organisms, their fealty to fateful medical fads whose falla-

cies they approve without investigation, for they have only time for the ledger and the ticker, the market and the stock reports, to endeavor to rescue them from these premature deaths. They need to know their mental and nervous organisms are not perpetual motion machines and that the medical and not the sooth sayers, mind cures, Christian Scientists and faddists are the right sort of engineers for managing them. While they go the pace that kills, under the morbid impulse of the speed mania, they need medical chauffeurs capable of keeping their autos in order, for they soon come to lead an automatic life, most of them. A chauffeur to, o not only repairs the machine if it fortunately breaks, with an affection that puts them to bed and gives them a rest for a time, but a medical chauffeur, sufficiently skilled in the bounds of psychoneurological enduring and having the confidence sufficiently to keep them within normal speed limits in their race for fortune so that they may reach the goal, not shattered beyond repair, nor break down irreparably on the way. There are too many premature puncture physic tires, hot mental boxes and bursted grey cortex boilers in these our days, for the good of strenuous individuals or the welfare of our own nation. We are able to be what the brains of our people make for us. Engineers that drop at the throttle and trains that wreck on the way through brain failure in dispatchers are not the best reliance, and too many of these happenings in our business and high professional life, give us warning of error in our medical instruction, or in the indifferent, ignorant conduct of the people. These "must give us pause," that we may consider and admonish more concerning the psychic hygiene and sanitation of modern mankind.

THE SUICIDAL OBSESSION OF NEURASTHENIA.

Here another subject obtrudes upon the mind of the medical editor, which is a rightful theme for thought and action. It is the daily occurring suicidal obsession of good men, overworked to psychic neurasthenia and suicide, sometimes also of drinking men similarly ex-

hausted, either by alcoholic toxhaemia and exhaustion alone, or superadded to pure brain-strain neurasthenia.

Every morning or evening paper supplies fresh illustrations of the desperate, self-destructive impulse unrestrained and unrestrainable—the wasted and wobbling psychic neurones inadequately nourished and non-entoned. When and where stability is most required yields in a moment of lax inhibition to perhaps often previously resisted similar impulsive suggestions, now become imperative and vitality, for this life, is suddenly self-extinguished.

Psychic neurone asthenia probably precedes almost all suicide. While there are circumstances under which certain states of faith, bodily disease, environment and mind would justify and bring about suicide in the strongly neuroned brain, the psychic inhibitions, which normally tend to the preservation and maintenance of life, are undoubtedly impaired through a pre-existing neurasthenia or other disease implicating the brain in most self-destroyers. The prolonged worry and ceaseless work, with perhaps the superadded but misused stimulant, and the sufferance of “The slings and arrows of outrageous fortune” to the extreme of neurasthenia, gives us the ordinary suicide. “The proud man’s contumely” and the “fardels” borne are but the cumulative influences bearing down the integrity of the psychic neurones that keep the brain in its normal social orbit, like the “frequent droppings” that “wear away the stone.”

It is the silent long-precedent, persistent influences, the repeated slipped step in the mountain climbing of the unfortunately struggling and environed, the repeated bereavements, overmastering sorrows or steadily recurring misfortunes and trials of head and heart (as is popularly said of the emotions) bringing on the nerve center ill health that weakens for its imperative work, worry or wear, unsteadies the brain in neurathropic debility and precipitates that morbid aptitude to yield to the rest and peace promising suggestions of the self-destructive impulse, that evolves the yielding suicide under the usual neurasthenic self-

destructive obsession. Though strong brains under propulsion of strong rational influence, Cain-like, many go out and hang themselves or otherwise accomplish self-destruction.

The deluded melancholic, into whose heart the sunshine of joy seldom or never comes, or appears to other's minds to cause only a pang in his own brain, ordinarily gets to the neuropathic inferno's gate where hope is abandoned, through psycho-cerebrasthenia. The latent heritage, which might have dowered him for self-destruction, comes into action and resistless impulse through the undoing of the integrity of the psychic neurones, which timely and right medical counsel and prescription can usually repair and thus postpone the fatal ending.

But how few medical men even understand and accomplish this, and still fewer are the melancholiacs who seek and obtain in time the right medical resource. The appalling record of daily suicide tells the sorrowful tale of the people's and the profession's dereliction. The pages of the medical press likewise contain no hints at the true prevention of self-destruction. In the *Journal of the American Medical Association*, especially, psychiatry is apparently regarded as a resourceless or unknown science-art, whose great and many achievements are seldom deemed worthy of record. Yet the psychiatry of the people, the saving of their brains is as important as the hygiene of their bodies and this sanitary duty devolves upon the medical press, for the medical press is the post-graduate university for the enlightened doctor, who knows that his need of knowledge never ceases, and that each day's new life is a new beginning in medical knowledge resource.

Besides these there are numerous subjective impressions that come into the minds of certain neurasthenics, such as echoacousia or the subjective recurrences or repetitions of normally heard sounds immediately or remotely heard, that is, just heard or heard at some former time, as of familiar recurring tunes that persist repeatedly

in coming back to the brain, sometimes with annoying persistence and even causing mental distress, as when the sounds are of disagreeable character. This is a sort of mental echolalia. Then there is the echokinesis that is revealed in the echomatism of the neurasthenic, as in so-called contagious hysteria, as shown often in times and places of great religious and other high excitements of the mind. Certain mob leader followers that start the cry or take up the cry of the leader to hang, burn, crucify, who know not what they do or why, and have no real rational conviction based on knowledge. Theirs are the unstable of excited outcries, often neurasthenia, non-inhibited and non-restrainable, because of psychic neurone debility—the expression cerebro-psychicneuratomy.

The neurasthenic hysteric imitation of crime is a theme to liken unto the preceding, which demands careful consideration, extensive study, wide elaboration. The general medical press has, as yet, given this important subject no or scarcely any attention. Then also the murder impulses of psychic neurasthenia, impulses to kill without reason or motive and without inspiring hallucination, illusion or delusion, such as my own patients have confessed to me, and which are plentifully recorded in the literature in the records of alienism, especially after their culmination in resistless homicide. These require at our own hands more study and publication for the enlightenment of the profession and suggest the establishment by individuals and authorities of a new sort of hospital, where these obsessed and neurasthenics may voluntarily go and get skilled neurotherapeutic treatment, such as they do not receive in hospitals for the insane. And they ought not to be compelled to go to hospitals for the insane simply because of these ordinarily curable impulsions. They are often borderland cases and dowered with a bad insanity predisposing heritage from both sides of the ancestry, they are destined to pass over the line of mere psychopathy, into insane psychopathy, unless most judiciously treated, and that not by a mere general practitioner, as such are not informed, or rather non-informed, in psychotherapeutics.

Then there is the noise nuisance and noise danger of a great city, as perilous as the dust danger that spreads on and poisons ,meats, fruits, candies, popcorn and all sweets and edibles exposed for sale on public streets. The railway whistle, the rattling street cars, the noisy honk honk of the speeding auto car, the howling newsboy and the noisy tough in the streets, and the hundred and one noises unregulated and unsuppressed, which rob us of sleep and mental rest. These all should claim our attention till the people are aroused through the medical profession to right remedial action.

We have taught them much about the pestilences that kill the grosser body, but neglect those which damage and destroy the brain and mind. In this line of duty also falls to us the obligation of right administration concerning the right use, care and non-abuse of the minds of our children at schools, in the home and under employment. The right building and care of the brains of the people is our duty in order that we may contribute what is coming to them from us, as towards the maintenance of our cherished institutions and the perpetuity of good, sound, fair and free government. Build the brains of our children right and they will save our country, and we are or should be, the master builders of these minds maturing into mighty means of improving and saving the institutions, educational, moral and political, that make and maintain a great people needed to the perfection of American freedom.

MIXOSCOPIC ADOLESCENT SURVIVALS IN ART, LITERATURE AND PSEUDO-ETHICS.*

By JAS. G. KIERNAN, M. D.,

CHICAGO.

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THE new conceptions of purity" remarks Havelock Ellis with force and truth,† "are founded on a scientific basis, which should be thoroughly understood. Swift's morbid and exaggerated spiritualism, a legacy of mediaevalism (the ordinary "common sense" view is but the unconscious shadow of mediaeval spiritualism) is really founded on ignorance, in other words, on the traditional religious conceptions of an antique but still surviving barbarism."

The spirit which dwells with enjoyment on the disgusting, is of the nature of urolagnia or coprolagnia, but in-

*Concluded from *Alienist and Neurologist*, August, 1905.

†New Spirit.

asmuch as it requires that another should be affected by the conception, sometimes masochistically and sometimes sadistically, albeit necessarily with a pain element, it best deserves the title mixoscopia. This sentiment appears in fetichoid form in senile dementia. Thus in Viadikavkaz, Russia, two venerable, wealthy, highly respectable citizens were accused of abducting numerous young women of good families and treating them in an unusual but not brutal manner. They were found not guilty on the ground of senile dementia and sent to an insane hospital. Their last victim was a young heiress, whose absence for a year was charged to being held by brigands for ransom. She returned a year after disappearing and testified as follows: "I woke up in the night, and was terrified by two gray bearded men, both masked, bending over me. I was too frightened to scream. The men, without uttering a word, placed a gag in my mouth and blindfolded me. Then they lifted me up from my bed and carried me as I was into the street, where I was thrust into a waiting carriage which drove at a furious pace for what seemed but a short distance, but I think I must have fainted. When I was revived and the bandage was taken from my eyes I was in a luxuriously appointed room, furnished as a library. In the corner of the apartment stood a large gilded cage, constructed as for a gigantic bird. My captors, still without uttering a word, handed me a close fitting feather dress, made apparently of thousands of yellow birds' skins. They motioned me to put this on and then gently pushed me into the cage, fastening the door behind me. One of the old men brought me costly food; the other man I never saw again. The first used to come and gaze at me through the bars of the cage; sometimes he threw lumps of sugar through the bars. Early every morning he would enter the library with a jug of boiling water. This he would pour into a big bird's bath attached to the side of the cage. Wash birdie! he would exclaim. These were the only words I ever heard him utter. When I had almost despaired of gaining my freedom the old man came to my cage late one night and signed to me to come down

from my perch and remove my feather costume. Again, without speaking a word, he blindfolded me and guiding me to a carriage, drove me within a few yards of my home."

Vicaration of religion and lust appears also here and assumes a most distressing form in certain sects. The Skoptzies, a Russian sect, display a marked religio-salacious phase of mixoscopia. Skoptzy means "castrated." They call themselves "White Doves." They arose about 1757 from the Kallish or flagellants. Paul I., caused Sseliwanow, the founder, to return from Siberia, and after an interview, sent him to an insane hospital. Alexander I., transferred him to a general hospital. Later, Counsellor of State, Jelansky, converted by Sseliwanow, set the man free. Soon Skoptzies were all through Russia and even at the Court. The principal argument of these people is the nonconformity of orthodox believers, especially priests, to the doctrine they profess. They contrast the morals of these persons with the chaste lives, abstinence from liquor and continual fasts of the "White Doves." As Scriptural foundations of their rites and belief, are cited Matthew xix., 12: "And there be eunuchs which have made themselves for the kingdom of Heaven's sake," etc.; and Mark ix., 43-47: Luke xxiii., 29: "Blessed are the barren," etc., and others of like nature. Pain is represented as voluntary martyrdom, persecution is the struggle of the spirit of darkness with that of light. Persons join the order for its monetary advantage. The Skoptzies take into service young boys who soon become lost to society and lie with effrontery. The Skoptzies have secret methods of communicating with each other and exhibit a passion for riches. The most perfect are those "worthy of mounting the white horse," "the bearers of the Imperial seal," who are deprived of testicles, penis and scrotum. Castration among these people is performed at one stroke or at two different times. In the former case one cicatrix is left and in the latter two. The greater number—those who submit to the "first purification," conferring upon them the "lesser seal," lose testicles and scrotum. These people have lost

the "keys of hell," but retain the "keys of the abyss," (female genitals). An instrument of excision, hot iron, glass, wire, sharpened bone and old razors are used. Only nine fatal cases resulting from these operations are reported. At St. Petersburg, a rich Skoptzy constantly kept girls—mostly Germans—for his gratification, after having entered into the "first purification." Few were able to remain with him over a year; they always returned home in impaired health. Women Skoptzies do not have their ovaries removed, but the external genitals are mutilated.

Ablation is first obtained by applying fire or caustics to the nipples; second, by amputation of the breasts, one or both; third, by diverse gashes, chiefly across the breast; and fourth, by resection of the nymphae or clitoris. The resultant cicatrizes deform the vulva.*

The greatest English-speaking sect with a similar creed not marked by mutilation, however, is the "Shakers,"† founded by "Mother Ann Lee." She was an illiterate, hystero-epileptic hydrocephalic eighth child of a blacksmith. She was born in England in 1736. Her employment in a cotton factory from early girlhood, and later the exhausting cutting of fur for hatters prevented an education. As she never learned to read and write, there was probably present also that lower bourgeois contempt for letters as worldly, still evident in her followers. Her parents in 1758 joined a sect of quakers called from their hysteric motor explosions "Shaking Quakers." She herself had marked epileptiform attacks, attended by religious ecstasy and visions. During these, while in jail for hystero-religious antics (which, however, did not go so far as the nude antics of the early disciples of Fox and Penn) she saw "Christ, who satisfied all her desires." She had a clear view of the mysteries of human iniquity, of the root and foundation of human depravity, of the "very act of transgression committed in the garden of Eden." Henceforth she bore open testimony against lustful gratification of the flesh, and testified in open-pointed manner that the

*Gould: *Anomalies*.

†Nordhoff's *Communitist Societies of the United States*.

soul could not follow Christ in regeneration while living in the works of natural generation or any of the gratifications of lust.

Ann Lee from early childhood had shown repugnance to marriage, but was persuaded to marry a blacksmith by whom she had four decrepid children, who died in infancy. She then left her husband, but went to America with him later. Here she baffled his demands for sexual intercourse until he left her for a more complacent companion. She had meanwhile become the leader of a sect which settled in Watervliet, New York. They were few in numbers until given a boom by a hystero-religious epidemic among the Baptists, which was attended by motor disturbances. At this time the usual hysteric miracles were performed by Mother Ann. She died at 49. She was a dwarfish, thick-set woman with short legs, long arms and a disproportionately large head. After the hystero-religious epidemics of 1799-1801, the sect increased enormously in number, but ceased so to do after 1830. The sect holds that God is a dual (male and female) being; the distinction of sex is eternal. The angels are male and female. The Shakers, like the "Christian Scientists," hold that disease is an offense to God and that it is the power of man to be healthful if he will. They believe, like the Rabbis, that Adam was originally a dual being. Lilith, according to the Talmud, was the female element of this hermaphrodite. United the two quarreled; separated, she became a thorn in Adam's flesh. By her Adam begot devils. In Shaker theology Eve is a devil beggetter also. Lilith so threatened Eve's posterity that incantations were long used against her, which have sunk into cradlesongs or lullabies (Lilith abi.) Considering the ascetic celibate requirements and the enforcement of communal life and property, "Mother Ann Lee" had greater success than "Mother Eddy," a far greater worshiper of the almighty dollar. As her sexual trend was present before marriage, it was clearly not the result of the male sexual brutality which so often produces female distaste and hatred for coitus whereby the tenderest proof of human affection is converted into torture. Excess, improper times,

uncleanliness, coarseness, drunkenness and tobacco abuse are decided factors of this distaste. To coitus when distasteful or exhausting, under ordinary laws of psychologic association, women must imbibe a decided recurrent antipathy. Sometimes, as with the recurrent fetich, this will replace desire for the sexual act.

The law does not recognize that complete physical ownership of woman so often claimed by monogamous sultans. The Iowa Supreme court, in *Ridley vs. Ridley*, lately decided that excessive demands for coitus were cruelty, justifying divorce. The plaintiff was a 54 year-old widow, married to the defendant, a 68-year old widower. They lived together two months. The plaintiff alleged her life was endangered by the defendant's excessive demands upon her. The court held that to maintain an action it was not necessary to prove that she engaged in an angry controversy or resorted to extraordinary physical force every time she denied coitus. Excessive sexual demands which weaken the spouse, constitute extreme cruelty, entitling to divorce.* Etta Semple,† in a discussion of this question, does not put the woman's case too strongly when she remarks that the "sexual life has more to do with unhappy married lives than all else; high temper, indigestion, drink itself do not cause so much trouble as husbands forcing coitus on unwilling wives, who become aroused by the act and who try to do their part, thinking it their duty but who find only bitter disappointment in the end, for men are selfish. This awakening of the wife only brings on the climax for him sooner. He never once thinks of her, but hurrying to the end with feverish haste, then sleeps while she lies awake for hours, nervous, wakeful, dissatisfied. These rapes are the main faults."

The common law, it is obvious from the Iowa decision, does not contemplate complete ownership of the woman by the monogamous sultan who is much more addicted to this brutality than the polygamous. Women of monogamous races have even advocated and practiced polygyny as a

**Practical Medicine: Series viii, 1905, p. 831.*

†*Sexual Hygiene. p. 192.*

cure for this evil. Excess, according to the legal rule of evidence, is a matter of fact not a matter of law to be laid down in codes. The reason, J. Brand remarks, why many women do not care to gratify their husbands is usually the man's fault. He is often not only untidy and unattractive, but likewise filthy and loathsome. Many are under the influence of intoxicants and others have their mouths full of tobacco or their mustache saturated with its smoke. Many poor women are dragged out from drudgery. Many have a fetus in the womb, a child in their arms and another at their apron string and others scarcely capable of feeding themselves.

Generically and generally, remarks C. W. Kellogg,* man is the most selfish brute on earth; he thinks only of self and self-gratification, more particularly in the indulgence of the sexual act. When the spirit moves him he sees fit to gratify his sexual desire, woman is to him but a mere convenience for the satisfaction of his lust; this accomplished, he turns his back to his bedfellow and sleeps the sleep of the righteous. In the meantime what becomes of the woman? She is, too, an animal; she has also her sexual instincts and passions; her anatomical and nervous organisms are far more delicate than of her liege lord; the sexual act has brought her pelvic organs to the highest state of congestion and turgidity, her nervous system to the highest tension of excitation. About this time the "king of beasts" has his orgasm, turns over and goes to sleep, without a thought as to the status of the woman. Should she have been so fortunate as also to have succeeded in completing the act, the turgidity will have been followed by relaxation, the electric storm will have cleared the nervous atmosphere and a feeling of peace on earth and good will towards man will pervade her being. After a restful and refreshing sleep she gets up and goes about her work with a glad heart and the voice of a lark. Suppose upon the other hand she should have failed, what then is she to do? Roll and toss upon the bed, get up and take a douche, hot or cold, as the case may be. It will be useless for her to

**California Med. Jour.*, April, 1906.

return to bed for sleep is impossible; she sits up, tries to read and meditates upon the manifold joys (?) of living. Is there any wonder that after repeated experiences of this kind this woman should become a hypochondriac wreck, with chronic metritis and general pelvic engorgement." That satiety or disgust may produce transformation of the sexual appetite, there is much evidence to prove. As in one of my reported cases and in another unreported one* disgust inspired by infidelity for a male lover may create repugnance to males. In these cases psychic hermaphrodisism could be excluded. In certain cases which comply with Stefanowsky's† tests for uranism as distinguished from paederasty, hemosexual germs have been found to exist from boyhood. This, according to Sherard's life of Oscar Wilde, was the case with him. Oscar Fingal O'Flaherty Willis Wilde was born in Dublin on October 16th, 1854, and not 1858, as is generally stated. His mother had hoped before he was born that he would be a girl. When he turned out to be a boy, her disappointment was great; she treated him as a girl and kept him in dresses as long as it was possible so to do. A portrait of Sir William Wilde, Oscar's father, according to Sherard, reveals "an extraordinary mixture of intellectuality and animalism, of benevolence and humanity with bestial instinct." The face is not unlike that of the son in which the contrasts were equally marked. His "forehead and eyes were those of a genius or an angel; his mouth was ugly, almost abnormal." Wilde was brought up in luxury, although his parents did not belong to the wealthy class; still they were comfortably off and his home in Dublin was attractive, even luxurious. Oscar took kindly to luxury. In his more opulent days he spent hundreds of pounds a year in cabs. At one period he used to take a cab by the day, and the first address that he gave daily to the driver was a florist in the Burlington Arcade. Here he bought himself a boutonniere at half a guinea, and another at half a crown for his cabman.

**Amer. Jour. of Dermatology*, July, 1906.

†*Alienist and Neurologist*, 1904.

According to Sherard, O. Wilde escaped that taint of precocity for which the English dictionary had another and less euphonious term and, until his inherent perversion broke out, he escaped the air of his father's house. Here high thinking did not go hand in hand with plain living. The house was a hospitable one; it was a house of opulence and carouse, of late suppers and deep drinking; of careless talk and example. His father's gallantries were the talk of Dublin. His mother, although of spotless life and honor, had a loose way of talking which might have been full of danger to her sons. One of her sayings still remembered in Dublin gives an echo of how her attitude of revolt against the accepted and the commonplace prompted her to mischievous talk. "There has never been a woman yet in this world who would'nt have given the top off the milkjug to some man if she had met the right one." The mother's salon, the father's consulting table were frequented by boozy, boisterous Bohemians, of whom no city more than Dublin furnishes stranger specimens. How free was the conversation which went on there in the presence of the two lads may be gathered from a remark which Oscar Wilde once made to a fellow undergraduate at Trinity college. 'Come home with me,' he said, 'I want to introduce you to my mother. We have founded a society for the suppression of virtue.' It is obvious from this phraseology that an atmosphere of mixoscopia existed. Had it not, the term conventionalism would have replaced virtue. Here O. Wilde, as a youth, differs from Macaulay, in finding the agreeable, unvirtuous; Ruskin's association with Wilde was a natural result of the attraction of conventionally unconventionals with a sexual trend in each. The mentality which created Dorain Gray, had much in common with that of the victim of the chastity of impotence, the denouncer of vivisection and of the United States.

At school Wilde was a remarkably brilliant scholar in everything but mathematics. He was not very popular with his school fellows, one of whom says that "he used to flop about ponderously." He never played games and objected to cricket, "because the attitudes assumed were

so indecent." His manner was reserved and he kept aloof from other boys. In his schooldays Wilde showed his fondness for eccentric attire, and he even then wore his hair long. Despite Sherard's opinion, something was decadent about Wilde when he was a schoolboy. At Oxford Wilde came much under the influence of Ruskin. He was one of the "ardent young men" who gathered around Ruskin in his practical demonstrations of the Gospel of Labor. Though Wilde hated exercise and held games in abomination, he broke stones on the highway and had the honor of filling Mr. Ruskin's special wheelbarrow. Being interested in art, Wilde dabbled a little with the paint brush in his undergraduate days, but nothing that he did was worth while or has been saved. Notwithstanding his aversion to games, Wilde was physically strong. While a young man in London he assisted a man, a friend, to escape from the police, and in the furtherance of this object exercised great physical strength, holding a door against a number of constables, while the fugitive was clambering out of the window to safety. In Paris he once desired to learn rapier, so that he might be able to impose silence at the point of the sword on the slanderers who were attacking his reputation.

Aesthetism, a naturally fetichic product of Narcissau homosexuality, Sherard regards as a pose. "There is no doubt that Oscar Wilde's early eccentricities created an erroneous impression concerning his capacities, which for years militated, and in certain quarters still militates, against the reputation which his high genius entitled him to enjoy. Fame is not to be violated with impunity, and when the claims of the Pont d' Arcole were denied, could the peacock's feather and the sunflower prevail. The pose, such as it was, was eminently successful. If notoriety were sought after, it was gained to the fullest extent. Punch celebrates week in and week out, the eccentricities of the school. On the parts played in these circumstances by DuMaurier and Burnand, Mr. Hamilton's most interesting book can be consulted." "There can be no doubt that all the time when Oscar Wilde was

thus mumming and masquerading, the bitterness at his heart was great. Knowing what was in him; feeling the flame of the genius that burned within; conscious of the part that he might have been playing on the stage of the world, to none more than himself can his notoriety, acquired as it was and kept alive by such means, have appeared despicable and a matter for regret.”.

If Hichen's story, "The Green Carnation" were well based it was much more and had its foundations deep in homosexuality. Green is peculiarly favored by inverts.

Green, however, was the color of the Duke of Artois, who afterwards became Charles X. It is still worn by the descendants of Mahomet. While the Koran denounces homosexuality, there are some suggestions of it in the paradise provided for the true believers. The acceptance of green by the Irish seems to have been largely an 18th century matter. It is by no means improbable that the Fians or fairies had a greater influence over the Gaels, who remained in Ireland, than those who settled in Scotland, since green was tabooed as the color of the fairies to the latter. For the opinion that the Fians, Fens, Fenians and Fairies were a mixed Caucasian-Mongoloid race allied on the one hand with the Ainu and on the other, with the Laps, Fins, Picts, Quens and Eskimos, MacRitchie has advanced exceedingly strong evidence.* Green was the favorite color of these races in Ireland and Great Britain. The Picts were called *virides* or green men from their favorite tattoo. The Irish Gaels may have lost the prejudice against green as a heathen color, which the Scotch retain. St. Patrick was more tolerant of non-essentials than the later Roman missionaries, who created that prejudice against hippophagy as a survival of Odin worship, which still persists among English-speaking peoples. That homosexuality is frequent among descendants of the Feno-Gaels cannot be said. It was notoriously frequent among the Normans, who crushed out Celtic civilization and Celtic Christianity. Their appreciation of green may have dominated the Irish Gaels in the same way that their type of

*Testimony of Tradition.

Christianity dominated the Christianity of St. Patrick and St. Columba. Certainly, green was not the color of the standard of the last great elected over-lord of Ireland, Brian Borhoime.

The principles laid down by Oscar Wilde in his highest contribution to literature: "The Soul of Man Under Socialism" significantly demonstrate elements which underlie aesthetism: "A man is called affected nowadays, if he dress as he likes to dress, but in doing so he is acting in a perfectly natural manner. Affectation in such matters consists in dressing according to the views of one's neighbors, whose views as they are the views of the majority, will probably be stupid." Practically, this is the sentiment which emerges from the gnarled cant of "Sartor Resartus."

The individualism, however, of Wilde is infinitely higher than the authoritarianism of Carlyle. There is a primitive skatalogic tendency which Zola has depicted in *La Terre* which coarsens all its touches and which underlies the so-called popular influence on Art. This is peculiarly well put by Wilde in his discussion of English-speaking journalism, the most emphatic expression of this element in public opinion. "Public opinion, according to Wilde,* tries to constrain and impede and warp the man who makes things that are beautiful in effect and compelled the journalists to retail things that are ugly or disgusting or revolting in fact, so that the English-speaking peoples have the most serious journalists in the world and the most indecent newspapers."

Fortunately, for the race, science, like fire, is purifying everything. "From our modern standpoint of science, opening its eyes anew, the wonderful cycles of normal life are forever," as Havelock Ellist† remarks, "clean and pure; the loathsomeness, if indeed anywhere, lies in the conceptions of hypertrophied and hyperaesthetic brains. Some who have striven to find a vital natural meaning in the central Sacrament of Christianity have thought that the Last Supper was an attempt to reveal the Divine Mystery

*The Soul of Man Under Socialism.

†The New Spirit.

of Food, to consecrate the loveliness of the mere daily bread and wine, which becomes the life of man. Such sacraments of Nature are everywhere subtly woven into the texture of men's bodies. All loveliness in the body is the outward sign of some vital use. Doubtless these relationships have been for some time perceived and their meaning realized by a sort of mystical intuition. But it is only of recent years that science has furnished them with a rational basis. The chief and central function of life—the omnipresent process of sex, ever wonderful, ever lovely as it is woven into the whole texture of our man's or woman's body—is the pattern of all the process of our life. At whatever point touched, the reverberation, multiplexly charged with uses, meanings, and emotional associations of infinite charm, to the sensitive individual more or less conscious, spreads throughout the entire organism. We can no longer intrude our crude distinctions of high and low. We cannot now step in and say that this link in the chain is eternally ugly and that is eternally beautiful. For irrational disgust, the varying outcome of individual idiosyncrasy, there is doubtless still room; it is incalculable and cannot be reached. But that rational disgust which was once held to be common property has received from science its death blow. In the growth of the sense of purity which Whitman not alone has enunciated, lies one of our chief hopes for morals as well as for art."

(To be continued.)

SOME PSYCHOLOGICAL STUDIES OF MAN'S MORAL EVOLUTION.

By ALBERT S. ASHMEAD, M. D.,
NEW YORK.

I.

THE MYSTERY OF OUR KNOWLEDGE OF GOOD AND EVIL—ITS ZENITH AND ITS NADIR.*

I do not seek to rob any one of a jot of the enjoyment he now takes either, in his contemplations or in the exercise of his profound instincts, but is he sure that those profound instincts are anything more than the promptings of human vanity; said to be the strongest of all the passions, in the garb of human desire *i. e.*, a desire for the extension of the life he now enjoys, the only life of which he has any knowledge, but which Christians and other believers in immortality affect to despise. That, at any rate, is the conclusion reached so far as I have observed in the writings of modern thinkers, and so far as either philosophy or science has indicated up to date. A Buddhist who had passed three score and ten, has said, that though he had accomplished nothing in his lifetime to brag of, and had perhaps suffered no more than others of his age and environment, yet he looked forward to the inevitable Nirvana (absorption into the scheme of Nature, like a drop of rain in the ocean,) with a serenity, not to say joy, not exceeded by that of any Christian in his anticipation of an eternal material life—for an immaterial existence is simply unthinkable and impossible. There may be eternal life, but it is not individual, only potential, as a vast reservoir from which individual life in its myriad forms is drawn.

The pessimistic rationalist reasons thus: I am utterly indifferent as to the future of this life on the earth, and wholly ignorant of life hereafter. That which is here is not worth striving for, as it cannot be certainly attained or retained. I am weary of it. That which is hereafter bothers me not. The author of humbug and horror here will do no better there. The following story with a beautiful moral is told in even Buddhist lands, where faith in Nirvana or in Nature is supreme.

Yen Tsze was very old. In all the villages for many miles around, none was so old, none so wise. He had sold all he had and given the money to the poor one year, when the Hoang-ho had broken over its banks and had swept all the rice and millet crops down toward the sea. He had been very rich and his benefactions had saved many hundreds of people from starvation. But when they blessed him, and would have given him back his great possessions after one or two seasons, he would not let them.

"Let be, my children," he said, "my forefathers made me rich, and I have no son to leave riches to. Be you all my sons and enjoy your heritage now." So he dwelt in a little house he had builded with his own hands, on the mountain side, and ate of the millet which he grew on a little patch of ground he had cleared, and wanted nothing.

And because he was wise he healed the people when they were sick, and prayed for them when they died, and taught them many proverbs from the writings of the poets; for his books only, he had not sold. And so they would have worshipped him, but he forbade them, saying: "I am a man also. Pray not to me till I am dead, for then it may be that I can hear and can help you."

Meantime he prayed always to his forefathers and to Buddha. And he builded him a little prayer wheel for himself and set it in the brook, that ran down the mountain side, so that, night and day, his prayers were always rising to Buddha for his soul. But he builded a great wheel for his neighbors and set it where there was more water for he said: "I am only one, and they are many."

And every year he made a long pilgrimage to the banks

of the great river that none can see across because there are mists and clouds, and always the farther bank is veiled in darkness, where Buddha and the pious dead, who are ghosts, live forever. And he prayed always for the boatman to come to him and ferry him across the great river, where so many were crossing every day; but he came not.

Yen Tsze was very sad every year when the boatman came not, and he went back to his little house on the mountain side with a heavy heart; but the people rejoiced when he returned, for they loved him. And he would see that they were glad and he would forget his sorrow, until the winter would come again, when he could not work in the field nor visit the sick; and the days were dark, and the nights long. Then he prayed, saying: "Because I am very old and my arms and legs weak, and because I have no more joy in my body, I would cross the great river." And again he would make the pilgrimage, and watch for the boatman; but he came not.

But at last there came a winter when it was nine times colder than he had ever known, and when the snow was very deep and he could not go to his neighbors when they were sick, and they could not come to him, for they were sick, and he was old and very feeble, and he went again to the river. The way was long, and his poor thin legs bent under him, as he toiled through the snow and ice, and his heart failed him because he was sick with the cold; but he went on till he came to the river; and the boatman was there.

Then Yen Tsze said: "Are you come to take me across the river?" And the boatman who was old and bent, and who wore a thick veil said: "Yes, if you are ready." And Yen Tsze said: "I am ready." Yen Tsze was very glad, and he drew near to the boat to step in, that he might cross the river; but when he came near he stopped and shrank back, for there was no bottom to the boat, and there was nothing but water for him to step on, and the water was very black and colder than ice. He shuddered and said: "I am very cold and I am too old and weak; I cannot go into the water." Then the boatman

said: "If you have faith, the water will be as the bottom of the boat, and you shall go across the river; but if you have not faith it will not hold you up." Then Yen Tsze said: "I have faith," and he stepped into the boat, and lo! the water bore him up even the same as the wooden bottom of a boat. Then the boatman pushed off from the shore, and Yen Tsze was very much afraid, for the river was very swift, and the boat was old and rotten; and the water seemed to rise up on either side; and he thought the boat and the boatman and he would all sink. And he prayed to Buddha.

The boatman rowed hard, and spoke never a word; but he pulled up the stream, and not straight across; and the harder he pulled the slower the boat went, for the water raged terribly. Then they floated away from the shore, so that Yen Tsze could neither see behind nor before him, because the mist that is always over the river was very thick. While they were in the middle of the river, Yen Tsze saw a man swimming in the icy water, and he was almost spent, so that he could swim no more, and was near sinking, and Yen Tsze called to the boatman to stop so that they could save the man. But the boatman said: "No, we cannot stop to save him; because if we do you cannot go across the river, for I cannot carry two across."

Then Yen Tsze wept sorely for he longed to go across; but he said: "I cannot see this man perish. Stop and I will pull him into the boat." And the boatman stopped, and Yen Tsze pulled the drowning man into the boat, and when he looked at his face he saw that it was his own body that he had rescued. And he wondered greatly and looked up at the boatman, and lo! the boatman's veil fell off, and Yen Tsze saw that he was not old and bent, but that he was a beautiful angel. Then the clouds and mist rolled away, and they came to the other side, when Yen Tsze saw Buddha and many angels. And he dwelt there.

This beautiful story of the Holy Man, shows that to see God, one must have faith as a little child. But faith is not to be put on, says the Rationalist, or the Materialist,

as a garment. My soul, say these, will pass to eternity naked. No Sartor of Spirit dress can drape it to be fit company for those of the varied hues of robes that will pass through the portals of the tomb, to stand before the King of all. As I am not a conformist in matters of this nature, says one of these, I take refuge in the profound remark of Marcus Tullius Cicero, in his Essay on Death: "That which is ordained for all can be harmful to none."

Certain it is that Nature (or God) is evil, that there is a fixed and active principle of destruction, ever and everywhere at work, in mind, matter and morals. "It is God's way," said McKinley.

Those who knew Dr. Love, of St. Louis, and late of New York, have doubtless read with sad witness, of his family's fatality, as told in the Sunday Herald of recent date. Strange, supposedly true! Dr. Love, on the steamship *Aurania*, just before landing here, after a trip to Europe, was in the act of making a felicitous speech, and had just said laughingly: "I feel at fifty-three, as if I were not a day older than fifteen; and I am going to live to pass the century mark." These words were no sooner out of his mouth, when the doctor staggered, then fell to the floor. A brother physician rushed to his aid, but before he reached his side, Dr. Love was dead. A strange fatality also befell his idolized daughter, named Delphine, as if by fatalistic instinct. A swift and inexorable Greek fate thus pursued and has almost annihilated this man's family.

(To be continued.)

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EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

THE MORBID IMAGINATION of our Sunday newspaper illustrators suggest the lunatic asylums. The antics of Maud, Little Nemo, Panhandle Pete, Foxy Grandpa and the kids Dod Gast, Jimmy, Buster Brown and others of that ilk can be duplicated in any well supplied asylum for the insane and indicate a ready vocation for lunatics. The fun of Buster Brown appears the most rational and is indicative of a higher grade of reasoning insanity than the others. It is a sort of humorous paranoia that ought to soon end in silent terminal dementia.

The antics of a few lunatics at large, if faithfully delineated would duplicate the entire performances of the entire funny picture progeny of our public press. The psychic influence of the Foxy Grandpa series is especially bad on children, who are disposed to take many of the pictured portrayals too seriously, generating in their minds irreverence and disrespect of age.

(479)

A SOUND PATRIOTIC PSYCHOLOGY is absolutely essential to the right advance and sure salvation of our American institutions. To pray for their perpetuity will prove futile in results if, as at Panama, altruism and patriotism are ignored in the hurry at all hazards to the future of the good of our country and people, an un-Americanized political *locus morbi* if encouraged to develop in the canal zone, through the many evil influences of cupidity and its handmaiden, graft, which so readily get into active operation in this country of ours, wherever and whenever the public money is to be spent.

It is now maintained, in interested sources, that the dark skinned Jamaican workmen, though born to the climate and civilly trained for generations under the good civilizing influences of a stable free government for ultimate political assimilation of American political freedom ideas, have proven inadequate; sufficient Spaniards cannot be secured immediately, to rush the work, and the Chinese are the last hope of the commission.

It is now announced from Washington, regardless of future influence on the welfare of our country there, that "Chinese labor (cheap) will have a thorough test on the Panama Canal. Contracts calling for 2,500 Chinamen for canal work there have been prepared and advertisements are out; the Isthmian Canal Commission asking for proposals from labor agents.

"If the initial 2,500 Chinamen prove a success, it is likely that many more will be taken to the isthmus to do the work which is too hard for the Jamaicans now employed there in large numbers."

While organized labor rightly protests, but from a purely selfish unpatriotic business standpoint, the Chinese or any other Asiatic element placed there in overwhelming numbers must prove psychologically inharmonious with the genius of American institutions and psychopathologically detrimental in the long run to the political health of our country, for some day the ballot will be in the hands of all the laborers and contractors who remain. An altruistic patriotism therefore should prompt more care and concern

in selecting and dividing the workmen there as to nationalities, with a view to the future congenial psychology of this belt of the isthmus. Rush and pecuniary saving and labor agents' and other agents' profit are not the chief end and aim of this world utility.

The psychic foundation of the future population of the canal belt is of quite as great importance as the depth and security of construction of this great work. A little more patriotism and philosophic statesmanship mingled with the business and commercial features of this great undertaking might redound more to the coming glory of its completion than its mere rapid time and cheap contract labor construction. Let the government do the fair thing by the human labor and get the right sort of workmen there for the welfare of the country.

A popular demand for patriotic statesmen to look into other than the mere business aspect of the Panama Canal would not be an unwise move at this period of American progress. It is time the American people should be looking to its political as well as commercial and other material prosperity, even over at distant Panama Canal Zone.

ALL MINDS LOOK ALIKE TO THE ST. LOUIS POLICE.—The arrest and placing in the holdover with tenderloin women and the entire medley of immoral and criminal women, of Miss Jessie Quimby is going the rounds of the public press as a reproach to St. Louis and her police department. And so it is. A beautiful, pure, orphaned girl, from polite society, thrown into a cell with drunken, vulgar and dissolute negresses is a reproachful and suggestive violation of the psychological proprieties which should not be possible in any moderately civilized police department or to any reasonably enlightened community.

THE BICYCLE AND THE AUTO-MOTOR BRAIN.—Dr. Theodore Dyke Ashland's recent paper read before the British Association for the Advancement of Science, August 6th, on "The Value of Rest," calls attention to the abusive use of the bicycle and the mistaken use of

violent diverting exercise in lieu of the brain rest so much needed by English brain strained and too constantly employed bank clerks and others.

Bevan Lewis discussed what he called the bicycle head, exhausted by the excitement of sprinting and the physical and mental strain of bicycle exercise and vigilance as no cure for mental fatigue, nor did he regard gymnastics generally as such.

The record striving bicycle brain is not recuperative of mind or brain or body. There is too much strain. And a similar peril of unrest is coming in with the automobile. In fact the automobile brain is with us now. It is a restless, ill-at-ease neurotic brain, that cannot temperately regard speed limits or be satisfied with one motor, but seeks constant change to a higher horse power and faster flying machine. Too many men who need real rest are taking with almost frenzied enthusiasm to this restless recreation and speeding madly and hatless through our streets, when they should be having a quiet rest or recuperative slumber for the next day's work. Too much action and too little rest is sought in present day recreation and relaxation from business. The brain is not a perpetual motion machine, and its neurones will not long sustain and submit to over-time work without exhaustion and quitting work. Men should think as much of the brain's rest needs as of the stomach's wants, which they supply as demanded.

RAILWAY VALIDATING TYRANNY.—Some of the tyrannous inconveniences of the railway validating regulations for return tickets need legislative regulation. At the last meeting of the American Medical and other medical associations at Boston, after classing medical men and Christian scientists together, the following inconvenient and tyrannical regulation appears in the receipt for return ticket given at the validating office, which the validating agency will generously give to its free citizen patrons: "The original purchaser within the dates and upon the

conditions named thereon, *not earlier than two hours before departure of train from Boston on which return trip will begin (except that for train leaving after 6 P. M., and before 9 A. M.,) tickets will be delivered between the hours of 4 P. M. and 6 P. M.,* provided the holder hereof identifies himself or herself as the original purchaser of the ticket to the satisfaction of" (his lord and master) "the Validating Agent."

How much of a revelation of conscious ownership of the people appears in these autocratic mandatory regulations for the servile travelling public, and how little recognition is acknowledged in such exacting regulations of the obligation of these corporations to and interest in the real conveniences of the people whom they are supposed to serve rather than master? Two hours' time in which to get back your ticket and arrange for your return home and make connection with your train in a great city or lose your passage. This is making the people hustle if they would ride back on their common carriers. The courts will annul this regulation some day if legislatures do not.

These annoyances keep in mind the sayings of Mr. Bryan, that the railroads act as if they owned the country and that the people were mere puppets to be pulled at their pleasure.

MILITARY INTERFERENCE WITH NATIONAL ARMY SANITATION.—Dr. Francis R. Packard (*University of Pennsylvania Medical Bulletin*,) says that in 1775 "General Thomas who was in command of a division of the Northern Department of the Continental Army refused to have his troops inoculated for smallpox, because it put too many of their scanty number on the sick list. Smallpox, however, appeared among them, and they contracted the disease in the natural way, and soon his camp became a veritable pest-hole. As Washington Irving says: General Thomas fell a victim to his own prohibition, on June 2, 1776, when he died of smallpox. If the officer who thus violates sanitary advice could only be the first one to die, the matter would rectify itself by the ordinary law of

survival of the fittest, but he generally escapes and the soldiers suffer.

"It is often said that it will destroy military command if the advice of a subordinate must be carried out, nevertheless transports are managed by the navigating officer under the military command of the Quartermaster who is wholly inexperienced in navigation. Officers in command of escorts must consult the officer in charge of an expedition or reconnaissance. There are a number of things a Commanding Officer has to do if a soldier asks it in certain conditions.

"Is it possible that any man can assert that General Thomas' command over his troops would have been injured by compelling him to observe sanitary laws? By his supreme independence he injured the cause of liberty at the very time when it could ill afford the least setback." . . .

The above, extracted from an excellent article in the *Journal of the Military Surgeons' Association*, states a truth which should never again be lost sight of in our army. Sanitary science, surgeons and sanitarians should be supremely respected by the rank and file of our military service, and higher rank given and maintained in the medical department. It is better to save than unfit soldiers for service by higher rank egotism.

The hospital is the handicap of field service. The more men kept out of it either as attendants or patients, the better for the army's active efficiency. To minimize the number of unfit for duty in any army the medical staff should be supreme in the sanitary field, subject to and obeying orders, as all good soldiers are and do, but acting under authority only under right official medical advice. A wise sanitation that gives the smallest invalid corps is the best of army tactics.

DEATH IN THE PALACE CAR.—"The severe illness of Attorney General Hadley was occasioned by riding in an overheated sleeping car. How many thousands of people have been made ill in the same way? And how many thousands

have lost their lives from the same cause? Negro porters are employed by the sleeping car companies because they are cheap. The average negro can stand more heat than a Gila monster. He will go to sleep against a red hot stove. But he will work for \$12 dollars a month, and hold the traveling public up for enough to make both ends meet, so it is cheaper for the sleeping car companies and the railroads to employ negroes than any other class of men. Who has not suffered from overheated cars in traveling in the winter time? And the roads are all alike. They all employ negro porters and assign them to the duty of regulating the heat and ventilation in cars. The negro porter doesn't need any more ventilation than an alligator, and so long as he keeps his own hide baked, he imagines that everybody else must be comfortable because he is. Roads that go to great expense in fitting up costly and even palatial cars, for the comfort and convenience of the traveling public, never consider the matter of comfortable ventilation and heat. Better ride in an immigrant car and have good health than in a palace car and acquire pneumonia or some other serious and probably fatal illness. The only reason the companies tolerate these negro porters is because they will work cheap, and endeavor to recoup themselves from the passengers. As a matter of fact, the railroad and sleeping car companies ought to be held responsible for every ill effect suffered by passengers from overheated and ill-ventilated cars."

The above vigorous, saving sanitary suggestion and protest anent the death dealing disregard of the public health and life by this priced high service managed with murderous economy to its patrons, is from the *St. Louis Mirror*, not the *Medical Mirror*, either, though the protest is so sanitarily sound that one might suppose it came from a medically inspired pen writing a medical article for a medical periodical.

PROPRIETARY PRESCRIBING.—*Clinical Medicine* says: "There is a reason for the popularity of the proprietaries. . . . They have enabled the average physician to

secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacial. All doctors ought to be able to do this, but they are not. . . . And even if they were, who would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withall so satisfactory as many of the best types of the proprietaries?"

The better class of proprietaries have been a real help to the young practitioner, keeping him familiar with dosage and therapy and supplementing neglect of therapeutic teaching in some of the colleges. We regret to see certain good proprietaries going with their ads direct to the people and seeking to promote self-prescribing, after securing professional approval under judicious medical regulation under which proprietary prescribing is only safe.

BRITISH MEDICAL ASSOCIATION.—The seventy-fourth annual meeting of the British Medical Association was held in Toronto, Canada, from August 21 to 25. There were thirteen sections holding sessions four days, in the mornings only. No paper exceeded fifteen minutes in length and no individual discussion ten minutes. The meeting was a glorious success both scientifically and socially.

MEDAL OF HONOR FOR DR. MAGNAN.—A medal in bronze is to be bestowed upon the distinguished chief of the Clinique l'Asile Sainte Anne by his medical colleagues and admirers of France and elsewhere.

The execution of the medal is entrusted to Dr. Paul Richer, professor a l'Ecole des Beaux Arts. Subscriptions are received by M. Pierre Mason, Editeur, 120 Boulevard Saint Germain, Paris. Subscriptions of twenty-five francs give the right to a bronze medal if sent in before the end of the present year.

TREPHINING IN EPILEPSY.—"The reports of several German surgeons (Proceedings of the German Surgical Con-

gress, 1905) as to the results of trephining in epilepsy are so very favorable that there will result, probably, a revival of this method of treatment. Frederich, whose results were especially good, makes a large trephine opening and excises the dura. If the symptoms lead him to suspect a spot in the skull where there had been an injury he trephined at this place, otherwise his trephine opening was always made at the posterior end of the right frontal convolutions."

While trephining for epilepsy is a rational proceeding for recent cranial traumatisms and need not be discounted in any head wound when epilepsy or bony depression co-exists, it is not wise to be too confident of favorable results in old cases. It is a good rule in surgery to free the brain from cranial prison embarrassment in all cases but not wise to expect or promise recovery too much in chronic epilepsy or insanity of traumatic cause, for there is the psychomotor measure change of chronic epilepsy set up by the initial traumatism and of insanity which persists after pressure is removed and which cannot be restored. At least such has been, in former years, our own personal operative experience. The removal of old speculae of bone under the broken cranial vault and imbedded in the brain, especially when not rounded and smooth must be removed with extreme caution, without violent extraction to avoid starting an epileptic status the beginning of the end of the patient.—*Official Manual of the State of Missouri for the Year 1905.*

FOOLS NOT ALL DEAD YET.—A group of excited women in New York gathered before 343 East Seventeenth street, shook their fists at one of the front windows and shouted: "Humbug, come out here."

"He promised me a baby. He got my good money, but I got no baby," explained one of the women to a policeman.

Other women said they had been swindled in their plans to induce the stork to visit their homes.

Sounds of strife then came out from the first-floor hallway, and the policeman went inside to investigate. There were a dozen men in there. They were the husbands of

the angry women on the sidewalk. They wanted the policeman to arrest Julius Benjamin, who had an office in the building.

"What did he do?" asked the policeman.

"He told my wife he'd bring a boy for her, as he had God in his house," said one of the husbands.

The policeman then arrested the stork diviner, who was nearly mobbed by the angry women when he reached the sidewalk.

This with Dowieism, Mind Curism, Christian Science and Occultism generally reveals a world of perilous neurone instability threatening the moral and political integrity in too many American communities.

LONGEVITY AMONG HARVARDIANS.—Of a class which contained 198 members graduated twenty-five years ago, 181 are still living, most of them yet healthy and vigorous.

If you are looking for long life and exemption from overstudy neurasthenia go to Harvard. They play a good game at Cambridge, also perform the Greek plays well, as we have the pleasure of personally attesting.

Harvard's oldest graduate, Rev. Joseph Warren Cross, died at Lawrence last August at the age of ninety-eight.

He was a classmate of Wendell Holmes and Charles Sumner and personal friend Daniel Webster.

SENSIBLE VIEW OF A NEWSPAPER ON PSYCHOTHERAPY.—A wealthy Colorado rancher, fearing that an in-grown toenail would cause death by blood poisoning, blew off the top of his head, leaving a widow and four children. A California millionaire had received Christian Science treatment for tuberculosis of the bone of a foot, and declared himself cured.

In both these cases the underlying cause is suggestion—the power of the mind over the body. This is the cause of cure, whether it finds expression in the shape of mental suggestion, hypnotism, "absent treatment," Christian Science, a visit to a holy shrine, or a dose of homeopathic medicine.

Great is the power of mind over the body. Don't,

however, go to the absurd extreme of those who claim that "all is mind."—*Los Angeles Times*.

When a newspaper talks sense on this subject we take pleasure in noting the fact.

SEISMIC AND OTHER LUNATICS AND FANATICS IN RUSSIA.—It was reported via Berlin last September that "the volcanic eruption of Vesuvius and the Valparaiso earthquake are convulsing the minds of the Siberian peasants, who see in them the approaching end of the world.

"Vassili Loskutcff, a wealthy but ignorant tradesman of Tomsk, on hearing the news from Valparaiso gave all his goods to the church, and set out on a tramp among the Siberian villages, calling upon the peasants to repent, as the day of judgment is at hand. According to his superstition the world will see three more great earthquakes, each of which will destroy a prosperous city, after which will follow a convulsion by which the whole world will be torn asunder, and all its peoples perish.

"Loskutcff has several thousand devoted adherents. North of Tomsk the superstition has developed into mania. The peasants meet every evening in the woods, and go through quaint ceremonies, shaking themselves violently. Some drive themselves into such a state of exaltation that they get fits and foam at the mouth.

"The Bishop of Tomsk has condemned 'earthquaking' as a heresy. But the earthquake at Valparaiso is expected to send thousands to Loskutcff's camp.

THE PERSISTING PERIL OF THE ONCE HOMICIDAL INSANE in asylums has had another illustration in the late murder of attendant Nellie Wicks by patient Lizzie Halliday in the Poughkeepsie Hospital, making Halliday's fifth victim, and this murderous lunatic was allowed to carry large pointed shears which she used in the sewing room to which she was permitted access with the use of such a weapon.

Miss Wicks entered a washroom at 7:45 o'clock Thursday morning. She was followed by Mrs. Halliday, who had in her hand a pair of shears which she was allowed to

have to do sewing. Creeping up behind Miss Wicks, the lunatic struck her on the head and felled her. Then taking the nurse's keys locked the door, leaving the keys in the lock so the door could not be opened from the outside. With the fury of a tigress she returned to her attack, and using the shears she stabbed the girl several times over the heart. Miss Wicks' screams brought help and the door was broken down. Mrs. Halliday was confined in a strong room and the wounded nurse was carried to the hospital ward, where she died in two hours.

And this is practical psychiatry in a modern American hospital for the insane! No one but the head seamstress should ever carry a large pointed scissors or use them in the sewing, and only the most trustworthy with no homicidal record should be allowed to handle any scissors, more suggestive or dangerous if wrongly used than a merchant's pocket blunt pointed pair, and then only under the eye of the seamstress and attendant there. The same precaution should be adopted with carving knives. The carving for a hospital dining table should be the ordinary non-pointed table knife, made only a little sharper on the end. Weapon-shaped knives suggest tragedies to the insane and these precautions avoid them.

SADISM IN AN ALPINE CHURCH SEXTON.—The *Tribune de Geneve* reports that in Oberwaz, an isolated Alpine village, the following horrible example of sexual blood perversion has been brought to light: "Young, unmarried women of the village between the ages of 18 and 20 recently received an order by letter commanding them to appear before the village sexton, an elderly man, 'to undergo the punishment of flagellation until blood flows, for the great benefit of their souls.' The letter was written by the sexton, who forged the signature of the pastor.

"Without question or inquiries the young women obeyed the order, and suffered shameful indignities. After promises of silence had been obtained by threats in the church vestry and at the sexton's house, the superstitious

women were stripped and beaten until they were covered with blood. These scenes had been going on for some weeks, when the parents of one of the victims discovered the truth and informed the police, who arrested the sexton."

Yet there remain a few medical men who maintain that these morbid monsters should not be made the subject of medical observation, discovery and treatment. A wider knowledge of sexual perversion among medical men would be more useful to them and through them to the community.

THE NEW HOSPITAL FOR THE INSANE at San Jose, Cal., to replace the one destroyed by the earthquake and fire is to be of steel and reinforced concrete. That at least is the recommendation of the architects, Messrs. Howard & Galloway, to the state lunacy commission.

Dr. Leonard Stocking, the medical superintendent, will tour the east with a view to determining the best style of construction. The asylum at Stockton will be similarly constructed. The sectional cottage plan would prove a valuable adjunct to a main building with separate water and gas and electric plants as precautions against fire calamity, which was the cause, and not the earthquake, of the destruction of the business center of San Francisco. It is not generally known that, great as was the calamity, three-fourths of San Francisco actually escaped.

We were gratified on our recent visit to the stricken city to find so many of the medical men there, among our personal friends especially, re-established and in good health with hope for the future—McNutt, Buckley, Anderson, Potts, Hess.

A TYPICAL APPARENTLY NOCTURNAL EPILEPTIC AUTOMATIC HOMICIDE is recorded in recent press news from Paris in the person of Marcelin Courrier, a young post office clerk, who is recorded as suddenly climbing at 1 A. M. to a sixth-floor flat inhabited by a widow named Prevost and her young son and daughter, and broke the window. The crash of glass woke up young Prevost, who sprang out of bed and grappled with the intruder. Courrier

thereupon snatched a knife from the mantelpiece and stabbed Prevost in the chest about thirty times; while the youth continued the struggles to overpower him, Lucie Prevost, a young girl of 16, who rushed into the room and clutched Courier by the arms, was seized by the youth, who flung her out of a sixth-floor window into the courtyard below. She was killed almost instantly.

A moment afterward the murderer cut the throat of Mme. Prevost, Lucie's mother, almost decapitating her. Other occupants of the building were aroused, but Coursier managed to make his way down to the second floor undiscovered, and went to sleep on a sofa in a friend's room. There the police found him sleeping, with the penknife still in his hand.

Cases like this may be almost safely pronounced nocturnal automatic somnambulistic epilepsy, without other data. The procursive nocturnal somnambulism ending in sleep with the bloody knife in hand and no effort at escape are diagnostically significant and make a *prima facie* case.

SELECTIONS.

CLINICAL NEUROLOGY.

THE PSYCHOLOGY OF THE TUBERCULOUS.—Gubb, A. S. *Lancet*, vol. clxx, No. 9 of vol. i, p. 594, March 3, 1906.

Prolonged observation of a number of tuberculous patients has convinced the writer that this disease has a well marked influence on the mentality. In certain instances when the disease appeared to be latent the psychological changes continued their evolution until there was an explosive recrudescence of the tuberculous process. Clinically it is possible to divide these into two groups: (*a*) Changes of temperament presumably due to the action on the nervous system of the toxins elaborated by the tubercle bacillus; and (*b*) modifications of character due to mechanical interference with the cerebral functions secondary to the deposit of tubercles within or upon the brain. A separation of these two causes may be only possible by a post-mortem examination. The chief feature in the psychology of the tuberculous is instability. Feverish activity followed by periods of depression, despair giving place to plans for a distant future, hypochondria from which relief is sought by intense application to work or indulgence in sensual pleasures. There is exaggerated idealism, with a tendency to sentimentality and intensification of the cerebral function. During the stage of invasion there is a noticeable tendency to refinement, both physical and mental, and under its influence the artistic and imaginative faculties are often stimulated. The tendency to take a sanguine view of things becomes more marked as the disease advances.

When a patient first learns that his lungs are affected he usually displays great anxiety and is depressed. The

depression gradually subsides, until at the terminal period the victim obstinately makes plans or initiates enterprises inconsistent with the brief span of life remaining. In most cases of pulmonary phthisis the patient is bouyed up by a hope that defies contradiction. Patients often throw themselves into tasks with a zest which is often assumed to be the cause instead of the result of the tuberculous process. Confirmation of the writer's views on the psychology of phthisis is found in Mauclair's study of Watteau. He claims that the latter's transcendental delicacy of perception and execution was begotten of tuberculous intoxication. The same is to be noted in Schubert, Novellis, Chopin, Verlaine, Heine, Mozart.

It is not to be inferred that there was nothing morbid in their achievements, phthisis merely accentuating a natural predisposition to idealism.—*Medicine*.

CEREBRAL PARALYSIS FROM EMBOLISM, THROMBOSIS HEMORRHAGE.—Brower, D. R. *Journal of the American Medical Association*, shows from statistics of the Chicago Health Department, a marked decrease in deaths from cerebral paralysis during the last two decades and a decrease of nervous diseases generally. Positive diagnosis he enjoins between hemorrhage, thrombosis, and embolism should be made with caution. Valvular heart disease does not contraindicate either hemorrhage or thrombosis. The specific relations of arterial degeneration to these results, he says, are too often overlooked, especially in the younger patients.

CURT ADAM, OF BERLIN (Muench. med. Woch., 1906, No. 8) has reported a rare case of abducens paralysis following lumbar anaesthesia during an operation for hernia. The anaesthesia was produced by the subdural injection of stovaine. Of 1700 cases of lumbar anaesthesia, produced by the various substances, headache, vomiting, nausea, collapse, feeling of oppression, incontinence, and bradycardia, have been recorded but this is the first time this particular accident has occurred. Adam thinks it was due to a small haem-

orrhage in the nucleus of the sixth cranial nerve, caused by a lowered spinal fluid pressure as is pointed out by Oppenheim. Haemorrhages in the abducens nucleus have been reported by Dufour and Bollinger.

TIC DOULOUREUX.—Facial neuralgia is a very distressing affection. During the early part of the eighteenth century very little was known concerning the disease. Mr. Abernathy, in discussing the subject, said:

"It seems to me as truly a constitutional disorder as either gout or rheumatism. In many cases which have been examined no organic changes could be found; the complaint consisted in functional derangement and not in any structural changes. I am convinced that the treatment of tic douloureux should be constitutional treatment, and such as is calculated to allay the irritability of the nervous system."

Today, it is agreed that the etiology of trigeminal neuralgia is not always clear. The cause may be central or peripheral. It is very essential that the medical attendant ascertain whether the cause is seated peripherally or centrally. Krause says:

"It is to be looked for in the periphery if changes which are known to cause facial pain are found there. Among these are scars, foreign bodies and new formations. The surgeon may also decide upon a peripheral seat if the neuralgia has developed after a severe cold or after injury to certain parts of the face, and is mainly restricted to these parts. One must always remember that the nerve change, once started, progresses toward the center. According to the law of eccentric phenomena, the cause is to be looked for higher up in proportion to the number of subdivisions of a branch that is diseased."

Wagner has told us that "we can most properly assume that a neuralgia is of cerebral origin if several branches only, and not the entire peripheral distribution, are the seat of the neuralgia, and if with this no peripheral cause can be ascertained, and if the presence of other symptoms of cerebral disease is afforded in the cranial nerves, the origin

of which is not restricted to a small space, but is convergent from the different parts of the brain."

The treatment followed by Abernathy was quite simple. He advised his patients to lead a more quiet life, to indulge less freely in wines, etc. He recorded several cures.

Today, our first effort is to ascertain the cause. If this be due to reflex irritation we attempt to remove the latter and to build up the patient's general health; in anemic patients, tonics are administered. Morphin, cocain and other irrationally used drugs can not be too forcibly condemned; they afford relief during the early stages of the disease only, and produce a habit that is far more distressing and terrible than the affection for the relief of which they were given.

Phenacetin, chloral hydrate, acetanilid, etc., have been found of benefit. Osler states that nitroglycerine in large doses may be tried. I recall a case in my early practice in which local applications of chloral hydrate, menthol and chloroform, in conjunction with the internal administration of phenacetin, sodium bromid and caffen citrate afforded relief.

In some cases everything seems to be utterly ineffectual. Very recently the deep injections of alcohol, osmic acid, etc., have been much vaunted. Ostwalt has asserted that 90 per cent of the cases of tic douloureux coming under his care were cured by means of deep injections of alcohol. He injects 1 or 1.5 cc. of 80 per cent alcohol to which .01 gm. of cocain or stovain has been added, making one injection along the trunk of each of the branches affected, at the point where they emerge from the bone. Levy and Boudouin, and others have recorded great benefit with a similar technic.

Attempts have been made to resurrect the osmic acid injections advocated by Billroth and Neuber almost a quarter of a century ago. Concerning osmic acid injections, Eastman says:

"My experiments have shown no changes in the nerve tissues as a result of injections of osmic acid other than the disintegration of fat and oil globules in the perineural

space and in the white matter of Schwann, such white matter of Schwann being simply fatty matter in a fluid state insulating and protecting the essential part of the nerve. The degenerations appearing in the nerve itself are only such as may be fairly attributed to nutritional changes and exposures, the indirect result of the selective action of osmic acid of destroying fat. There is no reason why this fat should not be restored and the nerve again become capable of transmitting sensation, that is, theoretically, the neuralgia may return after the injections of osmic acid."

During the past few years excellent results have been obtained by excision of the Gasserian ganglion. This form of treatment will be discussed later under "Surgical Digest."
—E. A. B., in *Courier of Medicine*.

ALBUMIN AND SUGAR IN THE URINE.—Robert W. Burnet, M. D., F. R. C. P. (*British Medical Journal*), in an address on the "Significance of Small Quantities of Sugar and of Albumin in the Urine," concludes:

1. I think it may be said that the presence of albumin in any appreciative amount in the urine is not normal or physiological, but that it does not necessarily imply coarse pathological change, and that it does not necessarily mean that the existing disturbance of function is permanent or progressive. At the same time it cannot be denied that a certain number of cases which at first are rightly placed in the above category do later on show signs of definite organic kidney disease.

2. That the presence of sugar in the urine in any appreciable quantity is abnormal; that in the young it is of serious import, and that if persistent it is likely to lead on to diabetes; that in people past middle life, and especially in those of gouty type, it is of less consequence and usually yields to treatment more or less speedily, to recur, however, in some cases, under conditions similar to those under which it first appeared.

3. That the presence of both albumin and of sugar in the urine indicate serious disturbance in the metabolic processes, calling for relief to the nervous strain which the

patient may have been undergoing, and an adjustment as far as can be of his environment, but that under favorable conditions these patients may continue in at least fair average health for many years.—*Lancet-Clinic*.

CLINICAL PSYCHIATRY.

PROGRESS OF MUNICIPAL NURSING OF THE POOR.—Los Angeles was the first city in the country to take up municipal district nursing work. In 1898 the city employed a nurse who lived at the Los Angeles settlement and visited the sick poor, also including some of the public schools in her work. New York introduced school nurses in 1902, and two years afterward Los Angeles engaged a school nurse who had supervision over all the schools in the city but two, which are taken care of by the settlement nurse. New York, Los Angeles, Baltimore, Cleveland, Grand Rapids and Washington now have municipal school nurses. Boston, Chicago and Orange, N. J., have school nurses, but they are not under municipal control.

In New York there are fifty women on the municipal nurses' staff, visiting the schools. They visit all the schools in Greater New York, attend to the children's eyes and do necessary surgical dressings, and visit the homes when the children have been excluded for any cause. The first organized work that has been recorded for the care of the sick poor in their homes is that of the Ladies' Benevolent Society of Charleston, S. C., in the year 1813, after a severe epidemic of yellow fever. The society was incorporated the following year. The first nurses' training school in the world was started in 1849 by Pastor Fliedner, in Kaiserworth-on-the-Rhine, and in 1836 he came to America, bringing with him four German deaconesses, who remained in Pittsburg. The first American organization to send trained nurses into the homes of the sick poor was the woman's branch of the New York City mission, in 1877, and two years later the New York Ethical Society placed nurses in dispensaries. There are now in the United States 220 associations for visiting nurses and 537 nurses going about among the poor.—*Charities and Commons*.

CLASSIFICATION OF INSANITY submitted by an appointed committee of Medico-Psychological Association of Great Britain and Ireland, as it appears at the time of record.

- I. Congenital or infantile mental deficiency (Idiocy or imbecility), occurring as early in life as it can be observed—
 1. Intellectual—
 - a. With Epilepsy.
 - b. Without Epilepsy.
 2. Moral.
- II. Insanity occurring later in life.
 1. Insanity with Epilepsy.
 2. General paralysis of the Insane.
 3. Insanity with the grosser brain lesions.
 4. Acute delirium (Acute delirious Mania.)
 5. Confusional Insanity.
 6. Stupor.
 7. Primary Dementia.
 8. Mania—
 - a. Recent.
 - b. Chronic.
 - c. Recurrent.
 9. Melancholia—
 - a. Recent.
 - b. Chronic.
 - c. Recurrent.
 10. Alternating Insanity.
 11. Delusional Insanity.
 - a. Systematized.
 - b. Non-Systematized.
 12. Volitional Insanity.
 - a. Impulse.
 - b. Obsession.
 - c. Doubt.
 13. Moral Insanity.
 14. Dementia,
 - a. Senile.
 - b. Secondary or Terminal.

The classification above recorded was submitted to the Association by the committee appointed for the purpose at the annual meeting on July 20th, 1905.

EDWIN GOODAL.	CONNOLLY NORMAN.
ROBERT JONES.	GEO. H. SAVAGE.
JOHN MACPHERSON.	R. PERCY SMITH (<i>Chairman</i>).
CHAS. MERCIER (<i>Sec'y.</i>)	T. OUTTERSON WOOD.
	Committee.

NEURO-SYMPATOMATOLOGY.

A NEW EYE SYMPTOM IN EXOPHTHALMIC GOITER.—H. Gifford, Omaha, Neb. (*From Ophthalmic Record, Chicago.*) The difficulty encountered in everting the upper lids of some exophthalmic goitrous cases. Eight cases are reported. The upper lid could be turned only with difficulty and then at the expense of so great a strain on the tarsal conjunctiva that the latter was entirely blanched in the center by the pressure. Gifford thinks it unreasonable to assume that this symptom is due to a spasm or unnatural irritability of one or both the levators of the upper lid. The symptoms might be caused by either or both of the levators, but in view of the close association between the striated levator and the recti muscles, none of which seem to be affected, it seems more probable that the affected muscle is the non-striated levator of Müller innervated by the sympathetic nerve.

NEUROPHYSIOLOGY.

THE SEMINAL SECRETION AS A SOURCE OF ALBUMINURIA.—The *Medical Record* for May 12th says editorially that every physician has been frequently confronted with the puzzling occurrence of traces of albumin in the urine of patients in whom there is absolutely no sign of a renal affection. Some of these patients are young men apparently in excellent health, who perhaps come to the practitioner because they happen to have been refused a life insurance policy. At first in such cases we are apt to suspect cyclic albuminuria, but a closer investigation, and especially a chemical study of the isolated proteids obtainable in these urines, show that in the majority of cases the albuminuria is due to an admixture of seminal fluid, or of minute amounts of secretion from the genital tract. A history of genito-urinary infection or of disease or disturbance connected with the seminal apparatus will often be disclosed in these cases upon inquiry. While the suspicion of an admixture of seminal fluid has been expressed by more than one writer in commenting upon the

albuminurias of healthy young men, a scientific proof of the origin of the proteid found in the urine in these cases was lacking until a very recent article (Ruskii Vrach, No. 7, 1906) Slovtsoff reported that he was able to isolate from the urine of such persons an albumose similar to that which occurs in seminal fluid. For the precipitation of this peculiar proteid, Slovtsoff recommends a solution of sulphosalicylic acid, and notes that the precipitate so formed is soluble on the application of gentle heat. The discovery of spermatozoa in the urinary sediment would, of course, give a clue to the origin of the albuminuria, but unfortunately these elements are not always to be found in instances of this sort.

[The editor has observed similar conditions and has hitherto attributed them to the squeezing out of some prostatic fluid when the last drops of urine were being expelled. The foregoing comment is of interest. Ed.]—*St. Louis Medical Record*.

PSYCHOLOGY.

INACCURACY IN OBSERVATION.—A professor of a Swiss university recently took the following means to demonstrate the untrustworthiness of the statements even of eye witnesses to events, owing to the general lack of power of observation consequent upon the high pressure of modern living. At one of his lectures he caused to be brought into the room a man clothed in a white garment and wearing a mask. The man stayed a few seconds, made certain gestures and disappeared. After an interval of a few days the man's mask, together with a number of other masks all differing from it in color and size, was placed upon a table and the students were all asked to select the mask worn by the man. Out of twenty-four students only four guessed correctly; the remainder either chose a wrong mask or admitted that they could not decide. The bearing of this experiment upon the legal testimony of witnesses is obvious.—*Med. Review, St. Louis*.

NEUROTHERAPY.

ACETANILIDE POISONING FROM THE USE OF PROPRIETARY HEADACHE POWDERS.—Doctors A. E. Austin and R. C. Larrabee, of Boston (*Journal Amer. Med. Assoc.*, vol. xlv, No 22), add two more cases to the growing number of those who are poisoned by the “perfectly harmless” headache powders that can be bought at any corner drug store. This particular harmless (?) powder used by the two women for relief for their headaches was “Nervease” a pink decoction. Both patients presented typical symptoms of acetanilide poisoning, one woman having taken ten (!) powders in one night. Analysis of the powders showed that in 1905 they contained 0.281 gramme (about grs. v) of the drug. In 1906 0.075 grm. (about $1\frac{1}{4}$ grain) of camphor had been added to the powder. The recovered patient, then, took fifty grains (!) of acetanilide in one night. On the box were the words “contains no opiates and is perfectly harmless.”

Both patients fortunately recovered. Comment is needless.—*Warfield's Excerpts St. Louis Med. Review.*

ACETANILIDE POISONING FROM BROMO-SELTZER.—Dr. Albert E. Blackburn, of Philadelphia (*Jour. Amer. Med. Assoc.*, vol. xlv, June 9, 1906), reports the case of a man aged twenty-two years who for headache took large doses of bromo-seltzer. He presented the characteristic symptoms of acetanilide poisoning. Recovery followed withdrawal of the drug.—*Ibid.*

A FATAL CASE OF VERONAL POISONING—Dr. J. Germann, of Brooklyn, N. Y., (*Journal A. M. A.*, June 30th), reports the case of a young man, aged twenty-two, who died after having been seventy-nine hours in a state of deep coma with gradual and steady rise of temperature from normal up to 108.4 just before death. The respiration was quickened, the pulse regular and of good quality till the last few hours. Cyanosis appeared in the last twenty-four hours and albumin appeared in the urine. The post mortem showed marked congestion of the brain and all the organs, but only slight oedema of the brain. The

blood was chocolate colored. The young man had suffered from insomnia and asked a physician to prescribe veronal for him. The physician, it is said, was unfamiliar with the drug but notwithstanding this gave the order for a bottle of 5-grain tablets of veronal. (Merck). The druggist not having the full amount, gave the young man 50 tablets, a large number of which he is supposed to have taken, though the dose was given as two tablets at bedtime. The only remedy in such a case, Germann thinks, is washing the stomach thoroughly if the case is seen within two or three hours after ingestion of the drug.—*Ibid.*

LUMBAR PUNCTURE AND CIRCUMSCRIBED MENINGITIS.—Grossmann (*Archiv. fur Ohrenheilk.* 64.) The author reports some cases which serve to show that positive findings in lumbar puncture do not invariably assure the diagnosis of diffuse purulent meningitis. According to him, the mere absorption of toxic substances may considerably modify the composition of the cerebro-spinal fluid, at the same time simulating the clinical symptom complex of diffuse purulent meningitis. The doubtful curative value of lumbar puncture is shown by a case discussed by the author, in which the operation led to findings which made the existence of purulent circumscribed meningitis practically positive, and which was cured without lumbar puncture, simply by ablation of the primary focus in the temporal bone.—*F. R., Med. Rev. of Reviews.*

IN HIS ADDRESS, President A. A. Cortelyou, at the annual meeting of the Holstein-Friesian Association of America, Syracuse, N. Y., June 7, 1905, makes the following noteworthy statement, which we submit for the consideration of those interested.

"Milk produced by a vigorous race of cattle gives vitality and strength."

"Those races of cattle yielding a small amount of milk, containing a relatively high percentage of fat, are well known to be able to raise but a small percentage of their offspring and such milk fed to human beings produces the same results.

“Attention should also be given to developing and making known those virtues which Holstein milk is, to us, well known to possess, viz.: the great and indispensable quality and value of the solids other than fat.

“And upon this point, of the value of milk containing from three to four per cent fat and eight per cent and upwards of solids not fat, whole communities have gone astray, and milk standards for states have been made and enacted into laws, which totally disregard the fact that the majority of cows do not produce milk of the fat percentages necessary under these standards to prevent their being adjudged adulterated. No state is worse off in this respect than Massachusetts, which state requires for a large portion of the year, milk to show 3.7 per cent fat; and indeed, the standard adopted by the United States government, doubtless under influences largely leaning towards the smaller races of cattle requires 3.25 per cent fat.

“It is a well known fact that the offspring of those breeds of cattle whose milk is rich in butter fat are reared with the greatest difficulty. Such offspring appear to be deficient in vitality and especially subject to stomach and bowel troubles which are fatal in many cases; and it is now being more generally recognized by physicians and consumers that milk rich in butter fat is an improper food for young children and is deleterious in its effects and produces generally the same effects in human beings as in animals.

“These results are now said by scientists to be due to several causes and primarily to the excess of fat in the milk, and in the case of children, particularly are probably also due to the extraordinary character of the fat globules, which in these small breeds of cattle are extraordinarily large, and entirely unlike those in Holstein milk, which nearly corresponds with human milk in its solid contents.”

DIETARY CONTROL OF BASEDOW'S DISEASE.—Alt (*Muench. Med. Wochschr.*, June 12, 1906) has conducted experiments in the metabolism of patients afflicted with exophthalmic goitre, and found that the pathological changes in function consists of sodium of chloride retention, diminution in tolerance for carbohydrates (as appears from the presence of sugar in the urine after relatively small quantities of carbohydrates), and a much exaggerated excretion of phosphoric acid. In addition to this a greatly increased nutritional value is required by these patients to meet the active katabolic changes, in some cases as much as 100 calories per kilo of weight.

On the basis of these observations Alt places these patients on a milk diet, in quantity not containing more than 4 g. of sodium chloride in the twenty-four hours. This small quantity of salt is contained indefinitely; meanwhile the salt retention is relieved and a greater tolerance for salt is gradually developed. Carbohydrates (salt free) are added to the diet in three or four days and gradually increased until the limit of tolerance (indicated by the appearance of sugar in the urine) is reached. The weight usually falls until sufficient caloric-values have been reached. This is usually accomplished after the tolerance for carbohydrates has been reached by the addition of fats—antithyreoidin during periods, varying from four to eight weeks at intervals of two or three weeks.

5. Cases without marked goitre, with slight exophthalmic tremor, and the Graeffe symptoms, have yielded most readily to the antithyreoidin treatment. The enlarged thyroid has become perceptibly small, but has not returned to the normal size.

6. Exophthalmos, in our experience, continues to be the most rebellious symptom, never yielding entirely to antithyreoidin treatment.

7. Nervous symptoms usually yield as the heart becomes slower. The many fears which take possession of these patients are also relieved at the same time.

8. The majority of our patients have increased in weight. Patients who have taken antithyreoidin during a

long period feel that when the serum is discontinued as if they had been robbed of a food to which they are entitled.

9. In no case have we had occasion to regret the trial of antithyreoidin. It has always proved itself harmless. It may be given during pregnancy without fear of injuring the mother or fetus. Hypertrophied and dilated hearts offer no counter-indication to its administration.—*Inter-State Med. Journal.*

(ADDED SELECTION.)

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

STUDIES IN THE PSYCHOLOGY OF SEX.—Erotic Symbolism, the Mechanism of Detumescence, the Psychic State of Pregnancy. By Havelock Ellis. $6\frac{3}{8} \times 8\frac{7}{8}$ inches. Pages x-285. Extra Cloth, \$2.00, net. Sold only by Subscription to Physicians, Lawyers, and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Neither an introduction of the author or a critique of his productions are necessary, since he has been long and favorably known to the readers of the *Alienist and Neurologist*, to which he has been a constant and valued contributor for many years.

The present volume, Erotic Symbolism, is the fifth of a series on the "Studies in the Psychology of Sex," and is like the others, complete in itself and sold separately. Each volume has received merited favorable comment in these pages as published, so that it is but necessary to say that this is in no particular inferior to those which have preceded.

D. S. B.

A TREATISE ON THE MOTOR APPARATUS OF THE EYES.
—By George T. Stevens, M. D., Ph. D. Illustrated with 184 Engravings, some in colors. 496 Pages, Royal Octavo. Bound in Extra Cloth, Bevelled Edges, \$4.50 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is an exhaustive exposition of the anatomy and physiology of the ocular muscles and their accessories, the nerves and blood vessels, together with a description of the anomalies of the ocular adjustments and their treatment.

The author is an exponent of disequilibrium of the ocular muscles as a frequent cause of nervous trouble, going so far as to include "word blindness," one form of "mind blindness," in that category.

(507)

While this appears plausible, it is difficult to reconcile this theory with that other form, "object blindness," in which, though the use of the object may be expressed, the object cannot be named by sight, but is immediately called through a mere touch without in any degree outlining it. In such cases, there must be a proper ocular perception of the object.

It would appear that such cases are due to an interference with the association fibers somewhere between the ocular perception center and the psychical "naming" center which is reached through the fibers of common sensation either directly, or more plausibly by way of the posterior association centers.

In any event, the object must be outlined and recognized by vision, as the subject cannot name the object by touch alone.

However, this does not detract from the value of the work, since it is but an innovation upon a difficult and imperfectly understood subject, and may lead to "more light," if not to "better vision."
D. S. B.

THE NERVOUS SYSTEM OF VERTEBRATES.—By J. B. Johnson, Ph. D., Professor of Zoology in West Virginia University. Published by P. Blakiston Son & Co., Philadelphia. Price \$3.00 net.

A comprehensive text book upon comparative neurology in which the functional significance and relationships of the structures described are clearly defined, with the view of training the student in the interpretation of structure in terms of function, adaptation and evolution, in which the work should be successful.

At the end of each chapter is a bibliography giving the sources for the bulk of the facts contained in the chapter and the authorities for the facts which support at critical points the general views presented, also, suggestions for laboratory work, both valuable to the student desiring practical knowledge and a familiarity with the literature.

The book is profusely illustrated, clearly printed on excellent paper and well bound—in short a credit to both publisher and author.
D. S. B.

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MEDICAL SOCIETY OF THE MISSOURI VALLEY.—The nineteenth annual meeting of this society was held at Council Bluffs, September 6 and 7; with an attendance of 125, Dr. Jno. E. Summers presiding. The program included twenty-five papers, and the discussions were most interesting and instructive. Among the guests at this meeting, who read papers, were Dr. Emil Reis, of Chicago, Dr. L. L. Uhls, superintendent of the State Hospital for Insane, Osawatomie, Kas.; Dr. Leo M. Crafts, Minneapolis; Dr. Alfred Schalek, Omaha; Dr. E. W. Clark, president of the Iowa State Medical Society, who responded to the address of welcome given by Congressman Smith of Council Bluffs. The society was royally entertained by the local members at the street carnival, and given a reception at the Elks Club. Dr. O. Beverly Campbell, of St. Joseph, was unanimously chosen as president of the society for the ensuing year and other officers were elected as follows: Dr. W. F. Milroy, Omaha, first vice-president; Dr. C. O. Thienhaus, Milwaukee, second vice-president; Dr. Donald Macrae, Council Bluffs, treasurer (re-elected); Dr. Chas. Wood Fassett, St. Joseph, secretary (re-elected.)

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Before man parted for this earthly strand,
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God gave a heap of letters in his hand
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—*Matthew Arnold.*

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COITUS INTERRUPTUS AND COITUS RESERVATUS AS CAUSES OF PROFOUND NEU-
ROSES AND PSYCHOSES. By David S. Booth, M. D., St. Louis, Mo. 397

THE NON-REASON FOUNDED PHOBIAS OF NEURASTHENIA. By Charles H.
Hughes, M. D., St. Louis 407

EROTIC SYMBOLISM. By Havelock Ellis, M. D., Carbis Water, Lelant, Corn-
wall, London, England.. 414

ILLINOIS LEGAL PROCEDURE IN MARRIAGE ANNULMENT FOR PRIOR INSANITY.
By Jas. G. Kiernan, M. D., Chicago 428

IS SPECIALISM A PSYCHIC ADVANCE OR A RETROGRESSION? By Harriet C. B.
Alexander, A. B., M. D., Chicago.. 438

PSYCHIATRY AND NEURIATRY IN THE MEDICAL PRESS. By Charles H. Hughes,
M. D., St. Louis 452

MINOSCOPIC ADOLESCENT SURVIVALS IN ART, LITERATURE AND PSEUDO-
ETHICS. By James G. Kiernan, M. D., Chicago 461

SOME PSYCHOLOGICAL STUDIES IN MAN'S MORAL EVOLUTION. By Albert S.
Ashmead, M. D., New York. 474

EDITORIALS.

The Morbid Imagination — A Sound Patriotic Psychology — All Minds Look
Alike to the St. Louis Police — The Bicycle and the Auto-Motor
Brain — Railway Validating Tyranny — Military Interference with Na-
tional Army Sanitation — Death in the Palace Car — Proprietary Pre-

479

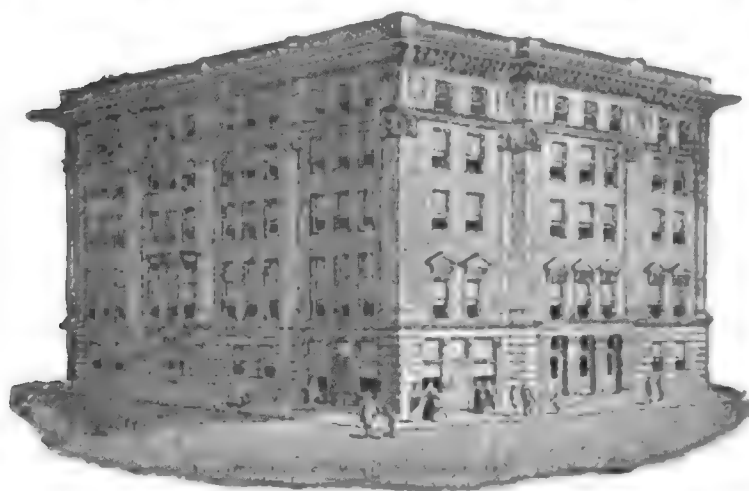
EDITORIALS—Continued.

scribing—British Medical Association—Medal of Honor for Dr. Magnan—Trephining in Epilepsy—Fools Not All Dead Yet—Longevity Among Harvardians—Sensible View of a Newspaper on Psychology—Seismic and Other Lunatics and Fanatics in Russia—The Persisting Peril of the Once Homicidal Insane—Sadism in an Alpine Church Sexton—The New Hospital for the Insane—A Typical Apparently Nocturnal Epileptic Automatic Homicide.

SELECTIONS.

CLINICAL NEUROLOGY	493
The Psychology of the Tuberculous—Cerebral Paralysis from Embolism, Thrombosis Hemorrhage—Curt Adam, of Berlin—Tic Douloureux—Albumin and Sugar in the Urine.	
CLINICAL PSYCHIATRY	498
Progress of Municipal Nursing of the Poor—Classification of Insanity.	
NEURO-SYMPATOMATOLOGY	500
A New Symptom in Exophthalmic Goiter.	
NEUROPHYSIOLOGY	500
The Seminal Secretion as a Source of Albuminuria.	
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CONTENTS.—Concluded.

SELECTIONS—Continued.

NEUROTHERAPY 502

Acetanilide Poisoning from the Use of Proprietary Headache Powders—
Acetanilide Poisoning from Bromo-Seltzer—A Fatal Case of Veronal
Poisoning—Lumbar Puncture and Circumscribed Meningitis—In His
Address—Dietary Control of Basedow's Disease.

REVIEWS.

REVIEWS, BOOK NOTICES, REPRINTS, ETC 507

Studies in the Psychology of Sex—A Treatise on the Motor Apparatus
of the Eyes—The Nervous System of Vertebrates—Rhythmotherapy.

PUBLISHER'S DEPARTMENT.

Fothergill—Always a Lesson—Medical Society of the Missouri Valley— 512

A Brilliant Newspaper Man—Science and Medicine for Autumnal
Coughs and Colds—The Children's Laxative—Dr. W. H. Barnett—
You and I—The Therapeutic Properties of Seng—The Neutrality and
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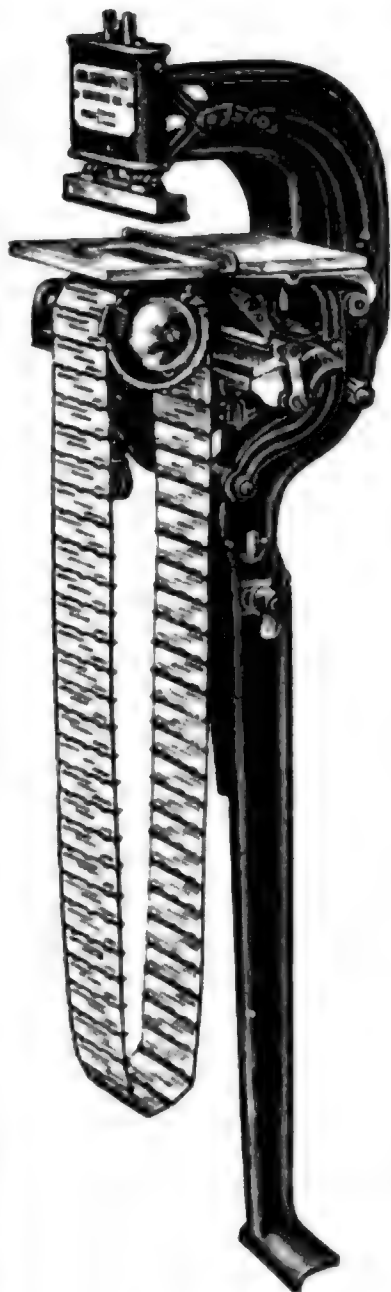
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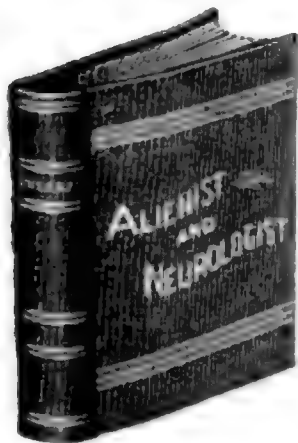
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